United Nations A/60/PV.87

General Assembly
Sixtieth session

Official Records

87th plenary meeting
Friday, 2 June 2006, 3 p.m.
New York

President: Mr. Eliasson ..... (Sweden)

The meeting was called to order at 3.10 p.m. in Conference Rooms 2 and 3 in two parallel segments, in accordance with a decision taken by the Assembly at its 85th meeting, on 1 June 2006.

[Vice-President Bahemuka (Kenya) presided over segment A, and President Eliasson and then Vice-President Hachani (Tunisia) presided over segment B. The two segments are combined below and the individual presiding is identified as "The President".]

Agenda item 45 (*continued*)

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

The President: I would like to welcome participants to this afternoon's meeting.

Because we have quite a large number of speakers this afternoon, I would like to appeal to all speakers please to adhere to the three-minute rule, if possible, as well as to ensure that they do not read at running speed. We are in a race, but not running a race. We must capture what everyone is saying.

I now give the floor to Mr. Mohammad Nasir Khan, Minister of Health of Pakistan.

Mr. Khan (Pakistan): I am pleased to be present at this gathering at which we are reviewing the progress made on the Declaration of Commitment on HIV/AIDS, adopted in 2001.

I would also like to express my deepest condolences in connection with the untimely and tragic death of Dr. J.W. Lee, Director-General of the World Health Organization (WHO), whose relentless efforts in the fight against HIV/AIDS have been and will remain an inspiration to all of us.

Undoubtedly, HIV/AIDS has emerged as the single most formidable challenge to the public health sector, to human rights and to development in the new millennium. Despite the significant increase in global commitments to control the HIV/AIDS pandemic in recent years, the virus continues to spread with alarming speed. Since the signing of the Declaration, more than 20 million people worldwide people have become infected with HIV, including 3 million infants who contracted HIV during gestation or as a result of breastfeeding.

Since HIV/AIDS infection cuts across all socio-economic groups, its transmission follows paths created by economic, social, political and gender inequalities, which include, but are not limited to, poor access to diagnosis and treatment of sexually transmitted infections, living away from one's family and indulging in high-risk behaviours. Poverty and HIV/AIDS is a lethal combination.

Despite its relatively low prevalence rate in Pakistan, HIV/AIDS is a growing concern for my country, where, according to recent estimates, there are approximately 70,000 people living with HIV/AIDS. Since the Declaration of 2001, Pakistan has made considerable progress towards fulfilling its

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commitments. We are among those countries that are closely observing and implementing the agreed protocols and guidelines. This is a great window of opportunity for Pakistan to implement its strong programme in that respect.

Pakistan recognizes the importance of a comprehensive policy framework that seeks to protect and promote all human rights, recognize the epidemic's gender dimensions, contribute to the eradication of stigma and discrimination, and promote the active engagement and involvement of people living with HIV/AIDS in society, especially young people and adolescents.

We need to formulate effective policies to control this epidemic. There is an urgent need to expand the scope of services in the area of HIV/AIDS prevention and care. Within this framework, the role of intergovernmental agencies and inter-donor cooperation — that is, United Nations agencies and all donors — is vital, and leadership becomes critical to generating support for HIV/AIDS prevention and care programmes. Above all, it must be recognized that the challenge of HIV can be met more effectively only if it is considered an integral component of overall human development plans, policies and programmes.

One of the crucial factors in that regard is access to antiretroviral drugs. They are needed now. Children in Africa, Latin America and all over the world need the drugs right now; hence it is imperative to make them available at an affordable cost. We understand that for the pharmaceutical industry, profits are important. But human lives are even more important. Similarly, the issue of patent rights, among others, should not be an impediment to the provision of these drugs. Generic drugs are indeed a life-or-death issue for the millions of people who are infected.

The only way to eradicate HIV/AIDS is to develop a vaccine against it, hence research is critical. We must all cooperate in that respect. Many African and Latin American countries have the necessary research capacity. It is important that the world work together to find a cure for this deadly disease.

We still have a long way to go to realize our dream of halting the spread of HIV/AIDS and reverse the tide by 2015. Realization of this dream will require strong political commitment as well as national and global leadership, the allocation of additional funds for research and development, the active engagement of civil society, culturally sensitive and appropriate interventions, and, above all, universal access to antiretroviral therapy.

We in Pakistan have made a tremendous political commitment in this area, led by the President and the Prime Minister. In fact, the first Asia-Pacific Women, Girls and HIV/AIDS Best Practices Conference was held in Pakistan. Ms. Nafis Sadiq participated, and the Prime Minister opened the conference.

Above all, nothing can be achieved without peace. It is important that we bring some sanity to this insane world of ours. We must stop the killing of human beings all over the world, the killing of women, children, babies and infants, the killing of defenceless, unarmed civilians. We must stop the destruction of the streams and the flowers and the trees.

Let us give hope to the millions of people affected. The Assembly should provide hope to each and every HIV/AIDS victim and ensure that the international community is united in responding to this global challenge. We must work to bring smiles to humanity and not inflict pain or cause tears to be shed.

We are one race, the human race. We have to live together. We have to help each other. We have to accommodate and tolerate each other. Nothing is politically right which is morally wrong. It is time that we have the courage to do the things that are morally right, and I know that this House, the United Nations, has the courage, the will and the determination to do just that for humanity. Let us all heal the world and fight HIV/AIDS together. Let us adopt the draft resolution.

The President: I now give the floor to Mr. Radoslav Gaydarski, Minister for Health of Bulgaria.

Mr. Gaydarski (Bulgaria) (*spoke in French*): I have the honour to address the General Assembly on behalf of the Government of the Republic of Bulgaria and to express our hope that, through our joint efforts at the national, regional and international levels, mankind will put a stop to the AIDS epidemic.

The Government of Bulgaria has proven that there is strong political will and an effective national response to AIDS, as well as a real commitment to meet international goals. The Government would like to underscore that additional efforts and further emphasis are needed.

First, we call for political will and governmental leadership in all countries. We encourage Governments to strengthen primary prevention measures and to raise awareness of AIDS. We call for an increase in national financial resources to respond to AIDS at the central and local levels, as well as for access to financial resources on the part of the civil sector. We ask international donors to continue to support the response to the problem of AIDS. We call upon Governments to acknowledge that the civil sector is an essential partner in prevention programmes, and to provide access for society's most vulnerable groups. We support a rapid expansion of HIV-prevention services and provision of services to the most vulnerable groups.

On behalf of the Government of Bulgaria, I would like to stress that we should work together now in an effective manner so that the world can be a better place to live in tomorrow because of the absence of AIDS.

The President: I give the floor to Her Excellency Ms. Triophodie Nkurunziza, Minister of the Presidency in Charge of AIDS of Burundi.

Ms. Nkurunziza (Burundi) (*spoke in French*): On behalf of the President of the Republic of Burundi, Mr. Pierre Nkurunziza, and on behalf of my entire delegation, I would like to extend my congratulations and thanks to the Secretary-General and to the General Assembly for having convened this meeting, pursuant to resolution 60/224 of 23 December 2005.

This meeting is being held at a time when Burundi is in the process of completing its 2002-2006 action plan. The implementation of our plan has been in keeping with the provisions of the Declaration of Commitment on HIV/AIDS, which was signed in 2001.

The organization and coordination of the fight against AIDS in Burundi is based on our awareness that AIDS is a national problem; indeed, the prevalence rate was 6 per cent in 2002. That has led the Government to establish the National Council to Combat AIDS, whose composition is multisectoral, with decentralized structures at all levels. The Council is led by the President of the Republic himself. That approach has enabled us to involve all State institutions, which makes it possible for all authorities to be engaged in the fight against AIDS. The "three ones" principle — one unique plan for the country, one coordination system and one national follow-up monitoring plan — has been welcomed by those institutions.

I am pleased to inform the Assembly that, in the current phase of implementing the plan, significant progress has been made in three areas: prevention, caring for persons infected with or affected by HIV/AIDS and strengthening caregiver capacities. Thus, we are striving to reduce high-risk sexual behaviours and to provide information and education to targeted groups. We are attempting to prevent HIV among young people through a vast network of Stop AIDS clubs and youth centres. Major efforts have been undertaken to reduce the risk of blood-to-blood HIV transmission. The number of sites for prenatal screening and monitoring of mother-to-child HIV/AIDS transmission has risen from 1 in 2002 to 11 in 2005.

Burundi has adopted a bolder policy regarding free access to care, prevention and treatment for people living with HIV, which has increased the number of people living with HIV who receive antiretroviral treatment from 600 at the end of 2002 to 6,700 in May 2006. That has been possible because of the support of partners such as the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria. I take this opportunity to thank them on behalf of all those whom they have helped in Burundi, who have found life and hope. Likewise, orphans and other vulnerable children are being identified and supported, including through efforts aimed at family placement, schooling, access to care and support for host families. Because of AIDS and the war, orphans make up 10.8 per cent of Burundi's population. In order to combat stigmatization, we adopted a law in September 2005 that provides protection for people living with HIV.

In conclusion, despite the immensity of the task, Burundi is firmly resolved to reverse the trend of the scourge of AIDS. The progress made over the past five years is a good reason to believe in a better future. Certain of the support of the United Nations, our partners and others who will be joining us, we look to the future with confidence.

The President: I now give the floor to Mr. Yuriy Polyachenko, Minister of Health of Ukraine.

Mr. Polyachenko (Ukraine) (*spoke in Ukrainian; English text furnished by the delegation*): I have the honour to read out the text of a message from President Victor Yushchenko of the Ukraine to the Participants at the High-level Meeting.

"The 2001 special session of the General Assembly, held at the initiative of the Ukraine and other States, became a turning point in the international community's fight against HIV/AIDS. Based on the global plan of action contained in the Declaration of Commitment adopted during the special session, special programmes for prevention and the treatment, care and support of affected people were developed and are being implemented by the Ukraine. The national coordination council for the prevention of the spread of HIV/AIDS, which brought together leading institutions in that area, aims to promote the all-Ukrainian comprehensive campaign to fight AIDS.

"Due to the actions taken, the Ukraine has managed to make substantial progress, in particular in providing access to antiretroviral therapy. Our country greatly appreciates the active cooperation with, and assistance from, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank and other agencies of the United Nations system, in particular the Joint United Nations Programme on HIV/AIDS, the World Health Organization and the United Nations Children's Fund. However, despite all the measures taken, the epidemiological situation in the Ukraine is still of a great concern. Regrettably, the rate of the spread of HIV/AIDS in the Ukraine remains among the highest in Eastern Europe. The upward trend in HIV infections continues.

"I would like to take this opportunity to reiterate once again Ukraine's commitment to the implementation of the United Nations Declaration of Commitment on AIDS. We are determined to act decisively to halt the spread of the epidemic. We look forward to continued productive cooperation towards that end, both with the donor community — first of all with the World Bank and the Global Fund — and with the entities of the United Nations system."

My delegation would like to associate itself with the statement made by the representative of Austria on behalf of the European Union.

It is our hope that the draft political declaration to be adopted today will add new and powerful impetus to the further consolidation of international efforts aimed at reversing the epidemic. We should be fully aware of our common responsibility to future generations.

The President: I now give the floor to Her Excellency Ms. Ulla Schmidt, Minister of Health of the Federal Republic of Germany.

Ms. Schmidt (Germany): At the outset, let me point out that Germany fully aligns itself with the statement made by the representative of Austria on behalf of the European Union.

The German Government expresses heartfelt thanks to the Secretary-General for his initiative to fight together against HIV/AIDS and for his compassionate leadership in coordinating the forces of the world community and in developing those capacities further. In the global fight against AIDS, we need the knowledge, experience and commitment of people from various origins, professions and cultures in order to succeed.

I sincerely hope that this High-level Meeting will send the message that respect for human rights plays a pivotal role in the prevention and treatment of HIV/AIDS. I am appalled that, after a 25-year struggle against AIDS, stigmatization and discrimination are still obstructing people's access to prevention, treatment and care in many areas of the world. It must become a matter of course that no one — including drug users, men who have sex with men, and female sex workers — is ostracized. It is in our own interest to stand up for the protection and support of human rights. That is the only basis on which our AIDS policies will have sustainable success.

It must also become a matter of course that we no longer close our eyes to sexual violence against women or to the suppression or exploitation of women or the violation of their fundamental human rights. The greater vulnerability of women and girls must be addressed through improved opportunities for education, the strengthening of their social and economic status and ensuring functioning health services. Germany supports some 50 partner countries in their efforts to combat HIV/AIDS, in part through comprehensive programmes to overcome existing deficits within their health care systems, and we will continue to do so.

I welcome the fact that in today's draft declaration, we once again declare our support for prevention. The prevention of new infections should

remain a mainstay of combating the pandemic for the long term. The German Government supports consistent implementation of the "three ones" principle, more effective coordination of national and international activities in the fight against HIV/AIDS and their integration into national health policies.

Today we know that the rapid establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria was a resounding success. Germany has contributed to the Fund and will continue to do so.

The world looks to us for leadership. We need to act with determination so that, in all countries, a new generation can grow up healthy. In order to ensure that, it is essential to use clear language in education and to overcome social and cultural obstacles. That is not easy, but we know it works. The best means in that regard is effective cooperation among Governments, non-governmental organizations and civil society, including vulnerable groups. I am deeply convinced that young people will manage their sexuality with a strong awareness of their personal responsibility if they are been given factual and comprehensive information.

The President: I now give the floor to Ms. Pilar Mazzetti, Minister for Health of Peru.

Ms. Mazzetti (Peru) (*spoke in Spanish*): Allow me, first of all, to say that Peru associates itself with the statement made by the representative of Guyana on behalf of the Rio Group.

We would like to thank the Secretary-General for the documents he has presented to us, which have served as the basis for the various deliberations we have held during this Meeting.

In Peru, a country of 27 million inhabitants in which the epidemic is still not widespread, we have based the fight against HIV/AIDS on a rights-based approach and placed it in the context of the fight against poverty. Access to antiretroviral treatment is part of the right to health in general and to sexual and reproductive health in particular. We have also included a gender perspective in our efforts, emphasizing the empowerment of women and vulnerable groups.

Since 2001, Peru has built a social and financial infrastructure to combat HIV/AIDS, in preparation for providing access to treatment. The social infrastructure serves as our national multisectoral coordinating focus for health, in which the health and other ministries are brought together with, in particular, civil society. Through that structure, we have been able to secure resources from the Global Fund, which have made it possible to buy medicines and to put together a national strategy to combat HIV/AIDS. We have begun to provide treatment to 4,452 people to date, in a decentralized manner. Beginning in September, that treatment will at last be covered fully by the Peruvian Government, thereby consolidating our financial infrastructure. We have presented the details of that effort to provide access, as well as the lessons we have learned, in an exhibition and in publications that we distributed at the various events held as part of this Meeting.

The process of acknowledging the role of civil society and working more closely with it has not been easy. However, we are continuing to build mutual trust. We believe that the participation of civil society will ensure the continuity of the progress made. Working together has been facilitated by the motivation provided by the efforts of the Global Fund and the support of many institutions, in particular the Joint United Nations Programme on HIV/AIDS, which has provided technical guidance and assisted us in our work, thereby enabling us to be more efficient.

We must now begin to address the outstanding items on the agenda, which have become clear as a result of our experience. We must strengthen prevention efforts among vulnerable populations, which are often not very visible. Included in that population are men who have sex with men, sex workers of both genders, transsexuals, transgender people and incarcerated persons. In particular, we must focus on indigenous women, children at risk and adolescents.

Because treatments are being scaled up rapidly, it is vital that we strengthen the health-care system and our workers' capacities. We would ask that, to that end, new financial and technical modes of assistance be sought. This could be an excellent opportunity for donors that may be interested in consolidating their support for Latin America. If such a strengthening does not take place, our region will become more vulnerable, and there will be a risk of the development of generalized epidemic.

We therefore deem it a priority for the international community to continue to mobilize resources, but at a higher level, in order to mount a comprehensive response to this challenge. Initiatives

must be launched to declare the medicines, and their related components, used to treat the disease a humanitarian necessity at the global level.

Finally, my country will support the declaration to be adopted, despite the fact that we would have preferred a more explicit document that would have mobilized our countries, in particular developing countries, so as to face HIV/AIDS head-on, rather than merely expressing our concern.

The President: I now give the floor to His Excellency The Honourable Pehin Dato Paduka Haji Suyoi Bin Haji Osman, Minister of Health of Brunei Darussalam.

Mr. Osman (Brunei Darussalam): Brunei Darussalam very much welcomes the convening of this High-level Meeting. The past few days have already provided valuable insights with regard to evaluating progress and reassessing our efforts to combat the HIV/AIDS epidemic. Some important progress has been made since the special session on HIV/AIDS. The Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), adopted in June 2001, was a demonstration of our strong resolve to combat the HIV/AIDS epidemic. And just last year, during the Millennium Summit review, our leaders committed to undertake further efforts to address the issue. However, as we can see from the Secretary-General's report, and as became clear during the interactive sessions held over the past few days, more needs to be done.

Prevention strategies have not been fully focused in our efforts to tackle the epidemic. That has resulted in an increase in infection rates, with over 4.9 million new infections in 2005 alone. Successful prevention, together with effective treatment, is the solution to the problem of HIV/AIDS. People's awareness of HIV, including knowledge of their own status, is a powerful driving force in changing behaviour. It can also indirectly reduce stigma, create more openness about HIV/AIDS and increase the willingness of people to come forward for testing and counselling.

We therefore strongly support the Secretary-General's call for a renewed emphasis on HIV prevention. Brunei Darussalam is also pleased to note that a plan was launched in January 2004 to expand collaboration between national programmes on tuberculosis and on HIV/AIDS to curb the growing epidemic of tuberculosis and HIV co-infection. Tuberculosis and HIV/AIDS together present a massive challenge. Collaboration on tuberculosis and HIV can deliver effective, comprehensive care and prevention at the community level and can help us to reach the "3 by 5" target. However, we all need to act.

It was heartrending to hear about the real-life experiences of persons living wi[illegible]IV/AIDS, who recounted the physical, emotional and social traumas that they have experienced, as well as the ups and downs and the fight, the triumph and the success in the struggle against HIV/AIDS. We are confident that the opportunity provided for civil society hearings brought a lot of issues to the fore that need to be addressed and from which we can learn.

Despite all of the commitments that the international community had made, inequalities in financial distribution and in access to prevention, care, support and treatment persist globally, especially for the majority of people with HIV/AIDS, who live in developing countries. Most are deprived of not only antiretroviral therapy, but also simple medications to treat opportunistic infections and to alleviate pain. Thus, the next step is to translate the political and financial will and commitments into meaningful and effective action.

Prevention, care, treatment and support can and must be made available to all who need them. That will be so only if all countries, regions and organizations give their full support to the Declaration of Commitment on HIV/AIDS. Obstacles to the success of those programmes must be removed and barriers torn down in order for us to move forward and achieve our targets.

As the saying goes, prevention is better than cure. However, in our efforts to fight the epidemic effectively, prevention, treatment, care and support programmes must go hand in hand and must be implemented together. The pivotal role played by regional and international cooperation, which has led to the achievements made thus far, needs to be further enhanced. We must share lessons learned and experiences gone through so that we can enrich one anothers' efforts.

The President: I give the floor to His Excellency The Honourable Nimal Siripala de Silva, Minister of Health Care and Nutrition of Sri Lanka.

Mr. Siripala de Silva (Sri Lanka): I feel extremely pleased and privileged to be in this forum

and to bring warm and friendly greetings from His Excellency Mahinda Rajapaksa, the President of Sri Lanka, and the people of Sri Lanka.

HIV certainly is becoming a kind of weapon of mass destruction — a dreadful phenomenon that destroys human beings as surely as the wars waged on the face of the earth. It is an invisible enemy of humankind that respects no borders and devastates the economies of some countries more terribly than famines or natural disasters.

We know that the marvels of medicine have been able to overcome many diseases. Often, dedicated health personnel alone have been able to bring about remarkable successes. But we now know that in order to overcome HIV, a pure biomedical model alone will not be sufficient or even relevant. I believe that even imparting knowledge through awareness programmes alone would not bring about such a change. We need to take a wider, holistic approach that eliminates stigma and introduces sustainable behavioural change. For that purpose, we need to take coordinated multisectoral action to supplement efforts in the biomedical field. This calls for high-level political leadership, and I have no doubt that the United Nations has organized this high-level consultation with that objective in mind.

Sri Lanka has a literate population, and our societies have been blessed to have their historical Buddhist and Hindu religious traditions and culture, strengthened, more recently, by the influence of Islamic and Christian values. That foundation of a good education and traditional values, as well as the ethos of our people, have helped enormously in preventing the rapid spread of HIV in Sri Lanka.

Although Sri Lanka records a very low prevalence of HIV, a climate and an environment conducive to its rapid spread already exist in the country. Indeed, 1.5 million of its people work overseas; marriages are taking place at a later age; there is continuing stigma and discrimination; social and cultural values are eroding within certain sections, accelerated by globalization; and there is a lack of sufficient awareness about safe sex. Those factors can easily tip the balance.

I am pleased to state that Sri Lanka, having taken to heart the lessons learned from the experiences of other regions, has been able to provide political leadership at the highest level to confront HIV. Successive Governments and leaders have shown their unwavering commitment by going public and speaking about HIV. The newly elected President, Mr. Mahinda Rajapaksa, has given the highest priority to this undertaking. We have a vibrant programme for increasing awareness among the political leadership at all levels, covering 85 per cent of the central, provincial and local government political leadership. In addition, we have mobilized civil society fully in those efforts. Currently, more than 45 non-governmental organizations are working actively with the National AIDS Control Programme.

Sri Lanka has always considered free health care as an investment and therefore has extended antiretrovirals free of charge to all persons in need of them. I must thank the World Bank, the United Nations Population Fund (UNFPA), the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), as well as other multilateral and bilateral organizations, for their generous technical and financial support.

Taking the Sri Lankan experience into account, let me emphasize that HIV programmes should target mainly women and adolescents, and that the whole gamut of prevention and treatment activities should be an integral part of a wider reproductive health programme.

As a tangible expression of its commitment, Sri Lanka, despite being a country with a low prevalence of HIV and no related public health burden as of yet, will host the eighth International Congress on AIDS in Asia and the Pacific (ICAAP) in August 2007. The theme of this significant event, "Waves of change — Waves of hope", is, we believe, very apt. I extend a sincere invitation to each and every one of you to attend that Congress next year.

The President: I give the floor to His Excellency The Honourable John Rahael, Minister of Health of Trinidad and Tobago.

Mr. Rahael (Trinidad and Tobago): Trinidad and Tobago is a small Caribbean country of 1.3 million people. As a matter of fact, Trinidad and Tobago is the smallest country to have qualified to play football in the World Cup in Germany next week — and our first match, Mr. President, is against Sweden. We may be small in size, but we are big in passion.

In Trinidad and Tobago, the first case of HIV was detected in 1983. Today, there are 15,000 persons

living with HIV in our twin-island republic. Across much of the Caribbean region, the first two decades of the epidemic were marked by increasing mortality and morbidity due to AIDS. But in 2002, the Government of Trinidad and Tobago began providing free antiretroviral treatment for those in need.

In 2004 we launched the National AIDS Coordinating Committee, located within the Office of the Prime Minister, to manage our five-year HIV/AIDS strategic plan. It is truly a multisectoral body, with strong representation from civil society, persons living with HIV, youth groups, faith-based organizations, development organizations, the private sector and key Government ministries.

I am pleased to report some of our country's successes in the area of strategic and comprehensive interventions. AIDS mortality is down by 60 per cent, the incidence of AIDS cases is down by 48 per cent and the incidence of HIV is down by 16 per cent from peak levels.

The factors that have helped us to make that encouraging progress include increased commitment to the response at all levels of society, including at the very highest levels of Government; the mobilization of financial, technical and human resources; strong public-private partnerships and capacity-building with non-governmental organizations; and improved facilitation and coordination across all sectors. My Government has recognized that a sustained and comprehensive response to HIV is critical if we are to realize our bright prospects for economic and social development.

In the face of the special challenges impacting small countries like ours, Trinidad and Tobago is committed to stronger efforts to combat stigma and discrimination against those infected with HIV and those vulnerable to the epidemic, through legislative and social reform. We are also committed to further expanding access to treatment in all districts in the country, to providing the requisite attention to improving the sexual and reproductive health of young women — and all citizens — and to ensuring the meaningful participation of persons living with HIV in the response.

We in Trinidad and Tobago have always been proud of our musical, artistic and cultural diversity. We are now harnessing our cultural strengths and employing our national icons to fight stigma and discrimination and to achieve positive behaviour change. However, we are humbled by the long road ahead of us and must scale up our efforts to match an epidemic that is still very much a clear and present danger.

The Government of Trinidad and Tobago is fully committed to reversing the spread of HIV. The Assembly can be assured that Trinidad and Tobago will do its part to fulfil the Declaration of Commitment and to achieve all of the Millennium Development Goals.

The President: The President of the General Assembly is supposed to be 100 per cent neutral and impartial, but I will be facing great difficulties when Sweden and Trinidad and Tobago meet in the World Cup. We can only hope for a draw.

I will now give the floor to His Excellency Mr. Ponmek Daraloy, Minister of Public Health of the Lao People's Democratic Republic.

Mr. Daraloy (Lao People's Democratic Republic) (*spoke in French*): It is for us, the delegation of the Lao People's Democratic Republic, a great honour and a great pleasure to have the opportunity of participating today in this special session of the United Nations to follow up, review and evaluate the implementation of the decision of the twenty-sixth special session of the United Nations in 2001, in particular the implementation of the Declaration of Commitment on HIV/AIDS. I should like most sincerely to thank Secretary-General Kofi Annan for having convened this highly important session.

Five years after the 2001 special session, we can say that if urgent and resolute action is not taken at the national, regional and global levels to enhance and strengthen our respective responses in the area of the prevention and treatment of HIV/AIDS and support for people living with HIV/AIDS, we cannot hope to achieve either the objectives of the Declaration of Commitment set for 2010 or the sixth Millennium Development Goal.

This special session is a valuable opportunity to relaunch and energize the global response to HIV/AIDS. It is in that context that the Lao People's Democratic Republic has been able to benefit from the decisive and continuous support of Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO) and other United Nations agencies in its effort to address the issue of

HIV/AIDS, so as to achieve in the near future the objective of universal access.

The Government of the Lao People's Democratic Republic remains totally and fully committed to facing the global scourge of AIDS and to continue its efforts to ensure universal access to prevention and treatment by all Laotians who may need it. Laos, it is true, remains a country with a low HIV prevalence, with an overall total of 1,827 HIV-positive individuals as of the end of 2005. Among the 1,069 overall cases of AIDS, 637 persons have already died and 350 are under antiretroviral treatment.

Many factors make our country particularly vulnerable to HIV and AIDS; these relate to its geographical location and to the increased migration to and from the country along the major land transit routes, both those that now exist and those that are to be constructed. They relate also to lifestyle changes among some populations at risk, including young people. Potentially, Laos could experience a serious and dangerous HIV/AIDS epidemic.

(*spoke in English*)

With the support of the Joint United Nations Programme on HIV/AIDS, the World Health Organization and other key stakeholders, the Lao People's Democratic Republic has developed a new national HIV/AIDS strategy and action plan for 2006 to 2010, with the aim of ensuring universal access to prevention, care and support for all in need, as far as possible. HIV and AIDS are included as a priority in the sixth national socio-economic development plan, and the Lao People's Democratic Republic is actively engaged in the Association of South-East Asian Nations (ASEAN) Task Force on AIDS.

The emphasis in our national HIV/AIDS strategy and action plan is on the promotion of safer sexual behaviour, especially among the most vulnerable groups. Key strategies are the integration of sexually transmitted infection and HIV prevention services into reproductive health programmes, addressing the vulnerability of women, young people and children, the provision of services such as voluntary counselling and testing, and the prevention of mother-to-child transmission. Goals include adequate, accessible, affordable and acceptable supplies of essential HIV/AIDS and sexual and reproductive health-related commodities, comprehensive condom programmes, diagnosis of sexually transmitted infections and the provision of drugs.

Last month, a second antiretroviral therapy treatment site was opened in Laos, in the capital, Vientiane, and others will follow. We are confident that, with the continued support of external development partners and the United Nations system, our goal of treating 100 per cent of adults and children in need will be reached by 2010.

Coming back to the Secretary-General's message on urgency, we do indeed need renewed and substantial efforts at the global, regional and country levels. We are happy that the Lao People's Democratic Republic is still a low-prevalence country; we think that our efforts to date have been at least partially responsible for this low prevalence. Much has been achieved during the past five years, but a great deal has still to be done. A country like the Lao People's Democratic Republic will need an increased long-term commitment from external development partners to support its response financially and to strengthen its capacity to implement its programmes. In that respect, the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the much-needed complementary role of United Nations system are highly appreciated.

We will also continue to work with all of our partners in the greater Mekong subregion and in ASEAN to halt the spread of the epidemic. We know that we have a long way to go. But, with reenergized assistance and cooperation from the United Nations system and the international community, we are determined to do our utmost to reach global and national targets by 2010. In that conviction, we wish this meeting every success.

The President: I give the floor to His Excellency Mr. Maksim Cikuli, Minister for Health of Albania.

Mr. Cikuli (Albania): As the representative of a low-prevalence country and region for HIV/AIDS, I must stress that we must act now. We should not delay intervention until the epidemic becomes visible to everybody, but should implement comprehensive prevention and treatment programmes right now while prevalence are rates are still low. Albania's first case was detected in 1993, and HIV/AIDS figures have doubled since 2000. Implementation of immediate interventions such as the nationwide screening of every blood unit to be used for transfusion has prevented the spread of the epidemic in a country that had high rates of endemic hepatitis B in the early 1990s.

We are facing a different situation today. We are still in the early stages, with the epidemic remaining concentrated in just a few specific groups. It is also important to understand that the spread of the epidemic is linked to certain illegal activities. To curb the epidemic, we must support proven public health interventions that address those illegal activities. HIV/AIDS prevention programmes are an essential part of the fight.

We have access to new and significant resources in our fight against HIV/AIDS, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States Government initiative and many other initiatives. However, we need to ensure that prevention, care, treatment and research approaches are mutually complementary. We must recognize that our status as a low-prevalence country provides us with a rare opportunity to show the world that the epidemic can be stopped if all known prevention methods are applied and if available resources are used wisely and in accordance with well defined priorities. We also must recognize that prevention can work if we develop targeted approaches to address HIV/AIDS in specific populations, understand the factors causing those groups' vulnerability to infection, and work to protect and promote their health and human rights in an effective manner. Prevention programmes must be adapted to the real-life settings in which they are carried out. We must also stress Government responsibility and involve the most vulnerable groups in the development of such programmes.

We must eliminate obstacles to the use of sexual and reproductive health services for prevention. Only a well-formulated multisectoral approach that emphasizes the importance of fully respecting sexual and reproductive rights in the context of HIV prevention will enable us to win the fight against HIV/AIDS.

Furthermore, we must recognize that instead of prosecuting injecting drug users, we must provide them with services and programs that address their addiction and reduce harm, such as making safe injections available and implementing substitution therapy and rehabilitation programmes. Statistics show that, in Albania, policies and laws which respect the health and human rights of drug users and which set up harm reduction programmes at the community level are indispensable to stop the epidemic.

The provision of full access to treatment for all people living with HIV/AIDS in Albania and a commitment to enacting and enforcing laws which ensure full empowerment of people affected by the disease with a view to eradicating all forms of AIDS-related stigma and discrimination show the Albanian Government's dedication to the prevention of HIV/AIDS in the country.

Low-prevalence countries should act while the epidemic is at their door and should consider the fight against HIV/AIDS to be an integral aspect of the moral imperative to ensure prosperity and security in our region. As political leaders, we must be courageous enough to take risks to improve the public's health.

We fully align ourselves with the statement delivered on behalf of the European Union.

The President: I appeal to all present in this Conference Room to keep talking to a minimum so that we can hear all the statements and show our appreciation for what delegations are contributing to this very useful debate.

I now give the floor to His Excellency Mr. Jean-Louis Robinson, Minister of Health and Family Planning of Madagascar.

Mr. Robinson (Madagascar) (*spoke in French*): My delegation associates itself with the statement made by His Excellency Mr. Denis Sassou Nguesso, President of the Republic of the Congo, on behalf of the African Union. Nonetheless, Madagascar wishes to take this opportunity to share with the international community its thinking and its experience in the fight against HIV/AIDS. I shall discuss action we have taken at all levels of society with a view to attaining the goals set out in the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex).

In Madagascar, the fight against AIDS involves the very highest levels of our leadership, in the person of His Excellency Mr. Marc Ravalomanana, President of the Republic. With a view to stemming the spread of the epidemic, we have developed a national strategic plan to coordinate and strengthen prevention activities. The plan provides for the creation of a climate conducive to a multisectoral approach, particularly with respect to improving access to information and to the primary means of prevention; ensuring quality of services; putting in place a follow-up and evaluation system; and the development of international

cooperation in the fight against AIDS. To that end, we are carrying out a massive campaign to raise awareness and ensure responsibility-sharing among all sectors of the population. The President of the Republic and his wife officially launched the screening campaign by setting a good example.

We are determined to continue to improve information activities; the challenge now is to guide the population towards responsible behaviour. The media have contributed to that end. We sponsor sociocultural events as a springboard for communicating strong messages. We organize advocacy sessions with local and national elected officials. We have mobile video units for areas that are difficult to reach, and we have distributed thousands of crank-operated radios and organized listening groups. Moreover, screening and treatment services and services to prevent mother-to-child transmission are gradually being provided throughout the country.

The campaign is beginning to bear fruit: more than 85 per cent of our people have general information about HIV/AIDS and are aware of essentially how it is transmitted and of how it can be prevented. But, despite those results, my country has decided to continue its focused efforts: vigilance must be the order of the day. In fact, results on numbers 10 to 14 of the national core indicators defined by the Joint United Nations Programme on HIV/AIDS (UNAIDS) show the gap between the goals and the results. We are aware of the real threat posed by the epidemic, and we must act now. To be effective, prevention must be based on the promotion and protection of and respect for individual rights, including equality between the sexes. It must be based on actions that have proven to be effective, and it must be exhaustive in its scope.

The HIV/AIDS pandemic has spared no country its devastating economic, social and cultural effects. The level of our participation at this meeting reflects our genuine determination to find common approaches to eradicating this scourge, or at least reversing the trend. Prevention is indispensable, but at the same time those infected must know that they have access to free antiretroviral treatment. We lay stress on improving reproductive health services and the prevention of mother-to-child transmission: prevention and care for HIV-positive mothers and children form part of a care continuum.

Inequality in the fight against AIDS is an injustice which further widens the gap between the most vulnerable sectors and those who possess the necessary resources. We bear witness to the scale of the scourge and the speed of its spread, when we see the daily tragedy of HIV/AIDS victims, especially in poor countries. This sad reality demands that we display renewed solidarity through strengthened international cooperation.

The best way to fight HIV/AIDS is to increase the financial resources, which must be commensurate with the pandemic. That is not a choice: it is a necessity. We require financial resources to meet our obligation to improve the general health care infrastructure, to continue and intensify our prevention programmes, to guarantee better access to treatment and to speed up the development process.

We are convinced that we must not lose the opportunity provided by this event. We call upon all public and private actors, civil society and the leaders of bilateral and multilateral bodies to make every effort to strengthen our fight against this global scourge. We solemnly appeal to the conscience of the citizens of the international community: they should actively support the Global Fund to Fight AIDS, Tuberculosis and Malaria. We are firmly convinced that the technical and financial partners who have stood by us in this fight so far remain prepared to support us so that, together, we can win the battle against HIV/AIDS.

The President: I now give the floor to His Excellency Mr. Eyitayo Lambo, Minister of Health of Nigeria.

Mr. Lambo (Nigeria): The Nigerian delegation extends its appreciation and thanks to you, Mr. President, for convening this High-level Plenary Meeting, on the item entitled "Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS" (resolution S-26/2, annex). Nigeria fully aligns itself with the statement delivered this morning by His Excellency the President of the Republic of the Congo, in his capacity as Chairman of the African Union.

President Olusegun Obasanjo personally leads the national campaign against the pandemic and continues to play a pivotal role at the continental level. He recently hosted in Abuja a Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria, where our heads of State or Government

adopted an African Common Position in which they reaffirmed their commitments to previous declarations, decisions and resolutions and pledged to take immediate action to ensure universal access to HIV/AIDS, tuberculosis and malaria services by 2010. Nigeria strongly stands by that African Common Position.

The Federal Government has continued to undertake a massive nationwide advocacy and public enlightenment campaign involving major stakeholders, which has led to a change in the sexual behaviour patterns of men and youths. There is now greater demand for and use of condoms and, more significantly, our men are increasingly reducing the number of their sex partners. These developments have led to a significant reduction in the number of people afflicted with the disease: from 5.8 per cent in 2001 to 4.4 per cent in 2005, which is a decrease of about 25 per cent.

In the spirit of the "three ones", the Federal Government established the National Action Committee on AIDS to coordinate at the national level the fight against the disease. Nigeria was the first country to adopt the global task team recommendations with respect to alignment and harmonization of programmes and resources. A national strategic framework and a national monitoring and evaluation framework were developed to provide the umbrella instrument for the response to the pandemic. The Government promotes a multisectoral response system to HIV/AIDS which incorporates a wide range of stakeholders, including state and local governments, networks of people living with HIV/AIDS, civil society groups and faith-based organizations.

Since 2003, there has been a significant increase in Government funding for HIV/AIDS. To ensure availability of resources, the Government has allocated to HIV/AIDS 5 per cent of the proceeds from the debt relief extended to Nigeria by the Paris Club, out of the 25 per cent provided by the Government for all the health-related Millennium Development Goals.

Nigeria has far exceeded the modest target of treatment for 10,000 adults which it set for itself following the 2001 special session. Over 70,000 adults and 1,500 children have now been placed on free antiretroviral therapy, with a plan to scale up treatment to cover 250,000 people by the end of this year. HIV-positive pregnant woman are also provided free ante-natal care and delivery services.

In spite of the many successes that have been recorded globally in the fight against the pandemic since 2001, there remain substantial obstacles which we must overcome. The lack of human and institutional capacity is the single biggest obstacle to an effective response to AIDS in many developing countries, particularly in the most heavily affected countries.

We must collectively and resolutely respond to the many challenges posed by HIV/AIDS in a comprehensive manner, including through the development of new partnerships and the strengthening of national health systems. In the area of prevention and care, the international community must continue to devote sums for research and development of medicines, vaccines and microbicides that would lead to the eventual elimination the epidemic. HIV/AIDS is a disease of our time and Nigeria is convinced that it is not beyond the capacity of our generation to find a cure for it.

Nigeria is concerned that external funding is becoming increasingly unpredictable and unsustainable. We therefore call on the international community, particularly the donor community, to strengthen its partnership with Africa by providing continuous, predictable support to the Global Fund to Fight AIDS, Tuberculosis and Malaria and by increasing technical and financial assistance to African countries within the framework of the recommendations of the global task team and other multilateral and bilateral mechanisms.

Finally, we call on our development partners to work with African countries, the African Union Commission and regional economic communities to ensure long-term and predictable financing and provide financial and technical support for our efforts in a coordinated, efficient and country-led manner.

The President: I now give the floor to His Excellency The Honourable Leti Pelesala, Minister of Home Affairs of Tuvalu.

Mr. Pelesala (Tuvalu): It is indeed a great privilege for me to represent the head of Government of Tuvalu to deliver this statement at this very important High-level Meeting. I associate myself with the statement to be delivered later by the chairman of the delegation of Papua New Guinea on behalf of the Pacific Islands Forum.

Although it is an isolated independent nation that is small in terms of population and resources, Tuvalu too has been affected by the unfortunate migration of this global epidemic — HIV/AIDS — at a proportion that puts the country high on the list of infection per capita, and at a rate that is alarming in terms of the continued existence of our population. My presence here despite our limited resources reflects the seriousness with which Tuvalu views the need for real action against HIV/AIDS and our hope that the global community will deliver. The epidemic is particularly serious to us because of our high population mobility due to the search for overseas employment and training opportunities.

Tuvalu appreciates the assistance it has received under the Global Fund to Fight AIDS, Tuberculosis and Malaria; much has been achieved through this support. However, it must be emphasized that accessing these funds is a problem for small island developing States such as Tuvalu; HIV/AIDS programmes still need more assistance to ensure their success. Moreover, resolution 59/311, on the Mauritius Strategy for the Further Implementation of the Programme of Action for the Sustainable Development of Small Island Developing States, needs to be properly recognized and integrated into global efforts against HIV/AIDS. The Strategy clearly identified this particular epidemic as an area of critical concern also to the sustainable development and survival of small island developing States. A special Global Fund window for small island developing States such as Tuvalu would be useful. There is also a role for regional bodies, such as those in the Pacific, to play in facilitating access to the Global Fund.

Tuvalu continues to stand in strong solidarity with other regions of the world most affected by this epidemic and in need of urgent help. The global response to HIV/AIDS must accelerate the provision of financial and technical support to Governments and civil society.

I am happy to report that Tuvalu has made progress in its HIV/AIDS programmes since the first high-level meeting on HIV/AIDS. The Government, in partnership with non-governmental organizations and civil society, has formulated a national sustainable development strategy — Te Kakeega II 2006-2015 — setting HIV/AIDS as a high strategic priority. We need help for its full implementation.

While we are indeed grateful for the assistance and support we have received from donor countries, we appeal to global official development assistance partnerships focusing on least developed countries and other vulnerable regions to honour their commitments and meet them in full. This is crucial to the achievement of our national goals as required under the Millennium Development Goals.

To conclude, we believe that the global response to and fight against HIV/AIDS is to be waged not only with money but, most important, with political will and moral values throughout the entire spectrum of civil society. It is not a fight between Governments and organizations on the one hand and a faceless enemy on the other. It is a battle between civil society and itself, where the battle lines are drawn in the mind and the heart of society.

We offer these thoughts in the belief that no amount of funding can resolve this particular epidemic. The solution lies with us all: individuals in our various communities.

The President: I now give the floor to His Excellency Mr. Gundalai Lamjav, Minister of Health of Mongolia.

Mr. Lamjav (Mongolia): As of today, Mongolia is considered a low-prevalence country with, only 21 known cases of HIV/AIDS. We have launched a massive media campaign to make people aware of the increasing threat of HIV/AIDS. Our main tool is radio and television broadcasting. Nowadays, in the era of globalization and rapid information technology development, people do not spend much time in reading brochures and printouts. Therefore, I want to emphasize to all decision-makers that they should focus on radio and television broadcasts. I urge them to involve their stars and celebrities in short radio and television spots.

This month we will organize a national seminar that will focus on how to achieve the "three ones" principle in the fight against HIV/AIDS. With the support of our national and international partners, my Government is committed to implementing a national Healthy Mongolian Population programme, which emphasizes the prevention of sexually transmitted infections and HIV/AIDS, first aid and, especially, the improvement of primary health care in Mongolia. Later this year, Mongolia will be hosting its first

international conference on HIV/AIDS among-low prevalence countries.

The Government's main task is to make Mongolia a country free from HIV/AIDS. To achieve that goal, we need further support and the close cooperation of international organizations and donor countries.

On behalf of the Mongolian Government, I want to express our appreciation to His Excellency Mr. Kofi Annan for organizing this very important forum and for inviting all of us. Also on behalf of the Mongolian people, I want to thank the United Nations Population Fund, the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF and the United Nations Resident Coordinator in Mongolia for their valuable contribution to the health of the Mongolian people.

I wish all participants success in their fight against the pandemic.

The President: I now give the floor to His Excellency Mr. David Parirenyatwa, Minister of Health and Child Welfare of Zimbabwe.

Mr. Parirenyatwa (Zimbabwe): Zimbabwe feels honoured to address this very important gathering as we review progress in the fight against HIV and AIDS since 2001. We welcome this meeting very much indeed. So much has been said in the media about Zimbabwe, most of it negative, and I would like at this meeting to say what is happening in Zimbabwe in terms of HIV and AIDS. I am proud to say that the Government of Zimbabwe was the first one — and is the only one — to have a national AIDS levy: the National AIDS Trust Fund. This is a tax on income; all our workers are taxed at 3 per cent. It goes into a national coffer called the National AIDS Trust Fund. This has worked very well for us, because we have not had many resources or much support from elsewhere. The funds are used from the national level right down to the district level.

Zimbabwe has fully embraced the "three ones"; within Zimbabwe we have all agreed, together with the United Nations system, our non-governmental organizations (NGOs) and civil society, that we should honour that initiative and allow the Government to lead in implementing it. The national coordinating body for the "three ones" initiative is the National AIDS Council. The Council is now in the process of formulating and finalizing a monitoring and evaluation mechanism, which we believe will also complete the "three ones" requirements.

We in Zimbabwe are completely convinced of the importance of the fight against HIV and AIDS. We will provide statistics showing that in Zimbabwe this has been a most active fight. In 2000, the prevalence rate in Zimbabwe was as high as 31 per cent. By 2003 it had come down to 24.6 per cent. Now, as I speak, it is 20.1 per cent. While I accept that that figure is still extremely high, I am pleased that there has been a steady decline in prevalence between the ages of 15 and 49. We attribute this in particular to behavioural change among our people; that is manifested in the fact that the number of sexually transmitted infections has dropped. We have also found that the age of sexual debut has risen within Zimbabwe. Another particular reason for this is that we have a very strong team, which includes the Zimbabwe National Network of People Living with AIDS, an organization representing people living with AIDS; faith-based organizations; traditional leaders; the business community; civil society; and NGOs.

In Zimbabwe, we have united among ourselves and said, "Let us fight HIV/AIDS together". That has given us a real way forward. We believe in this action of prevention. Our first fight, our first principle, is prevention. The second is prevention. And the third is prevention.

We look at prevention in terms of prevention of mother-to-child transmission. We also enhance and strengthen voluntary counselling and testing. In Zimbabwe, since 1985, all transfused blood is screened for HIV and other transmissible diseases. HIV/AIDS education is part of school curricula in Zimbabwe from grade 4 to grade 9. We are now in the process of trying to make that syllabus an examinable subject for those age groups.

We are pleased that, in the context of prevention, we have also formulated a strong national plan of action for orphans and vulnerable children. Many of our partners have provided support for this action, particularly UNICEF, and we are very pleased that that has been the case as we fight HIV/AIDS.

The challenge has been the issue of affordable drugs and medicines. In Zimbabwe, we have a local company that manufactures first-line antiretroviral drugs. This company is doing well. To date, we have put 31,000 people on antiretroviral drugs, in both the

public and private sectors. Nevertheless, these 31,000 people represent only 10 per cent of the people that should receive such therapy. The challenge therefore is still great, but we will support the domestic company that is making antiretroviral drugs. We call upon our partners to support us in that particular regard.

Let me mention the particular circumstances that arose when Zimbabwe embarked upon a very long overdue but justified land reform programme. While we were pursuing this programme, we immediately faced a great deal of protest, and many countries reduced their support to our health sector. I am glad that, now, five years down the road, some of our partners are coming back, in particular, Canada and the Swedish International Development Cooperation Agency; and we have always had the support of the United Kingdom Department for International Development, the European Union and, of course, the United Nations system.

We are pleased that this High-level Meeting of the General Assembly is occurring at this particular time. Zimbabwe looks forward to an appropriate, strong political declaration from this Meeting as it will provide us with strengthened impetus to act.

The President: I now give the floor to Her Excellency Mrs. Josée Verner, Minister of International Cooperation, la Francophonie and Official Languages of Canada.

Mrs. Verner (Canada) (*spoke in French*): Let me begin by expressing, on behalf of Canada and on my own account, our admiration for the late Dr. Lee Jong-wook. He was a man of vitality who displayed remarkable innovation and determination.

Much progress has been made since the 2001 special session. The recent report of the Joint United Nations Programme on HIV/AIDS (UNAIDS) gives us hope, but HIV/AIDS continues to take lives throughout the world and remains one of the dominant issues of our time. Those affected are victims of discrimination, human rights abuses and gender inequalities. The situation is even worse for women and girls, and for other vulnerable persons. The promotion and protection of gender equality and human rights, including sexual and reproductive rights, must be at the core of the fight against AIDS.

At the 2005 world summit, the international community committed itself to develop and implement a package of measures for HIV prevention, care and treatment. We are committed to working with our partners all over the world to make swifter progress towards the goal of universal access to treatment for all those who need it.

To meet that challenge, we must build on and scale up that which we know works, including access to male and female condoms, information and education, including comprehensive sex education — especially for young people — harm-reduction and prevention of mother-to-child AIDS transmission. We must ensure that our efforts to scale up both treatment and prevention are effectively integrated and complement efforts to significantly strengthen health systems and address human resource issues in the health field. We also know that we must ensure those efforts are embedded in strong national plans and strategies with full participation of Governments, the private sector and civil society.

Canada is committed to playing a leading rote in the global response to HIV/AIDS and in ensuring that it is comprehensive, integrated and based on human rights, sound knowledge and public health evidence. Since 2000, we have committed more than $800 million to combat this disease. This includes our recent contribution of $250 million in support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which brings our total commitment to the Fund to nearly $550 million. Additional support includes $100 million to the Joint United Nations Programme on HIV/AIDS and the World Health Organization's "3 by 5" initiative.

We have also supported country-led responses to HIV/AIDS and continue to work with our developing country partners to develop, fund and implement comprehensive and effective national plans. Canada has been supportive of the active involvement of civil society including people living with HIV/AIDS in the development and implementation of policies and programs that affect their lives. I am proud to say that the Canadian delegation to this meeting includes two civil society representatives.

In my capacity as co-chair of the Leadership Committee, I am pleased to report that in August of this year Canada will host the sixteenth International AIDS Conference, in Toronto. The theme of the conference is "Time to Deliver", which I believe sums up very well the current state of our efforts. We have all made strong commitments to bring an end to this

horrible pandemic. It is time to deliver on those commitments, and I hope to see many participants there.

The President: I now give the floor to Mr. Douglas Slater, Minister of Health and Environment of Saint Vincent and the Grenadines.

Mr. Slater (Saint Vincent and the Grenadines): As part of the Pan-Caribbean Partnership against HIV/AIDS, Saint Vincent and the Grenadines fully supports the earlier statement given by the Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community and Common Market (CARICOM).

My country has been sorely affected by the HIV/AIDS pandemic. Extensive resources have been invested in our efforts to respond appropriately to the myriad challenges posed by the disease. We have done so in recognition of the importance of the treatment and control of this pandemic to our holistic development. The allocation of substantial resources to HIV/AIDS comes at a time when our small developing countries have had to confront other major development challenges brought about by global events beyond our control, such as 9/11 and other acts of global terrorism.

Our development and our standard of living have also been negatively impacted by World Trade Organization rulings that threaten to destroy our banana industry and other agricultural export industries, which account for the major proportion of our foreign earnings. The vulnerability of other service sectors, for example, tourism, and our fledgling offshore finance industry, taken together with the global increase in commodity prices and the decrease in official development assistance resulting from our assessed "fair" economic status, have all combined to present us with a task of significant magnitude.

Nevertheless we have accepted our responsibility, and the Government of Saint Vincent and the Grenadines has made the HIV/AIDS issue a priority. We have continued to develop and implement programmes in response to the pandemic. A new, fully staffed HIV Unit is currently in place. A national AIDS council, co-chaired by the Prime Minister and myself, has been set up with strong representation from other line ministries. Significant financial resources have been allocated to the programme, including a World Bank loan to complement finances from other partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United Kingdom Department for International Development through the regional programme of the Organization of Eastern Caribbean States.

These efforts are notable, considering our inherent financial limitations and the shortage of specially trained human resources with the expertise necessary for effective and efficient implementation of activities to combat the spread of HIV/AIDS. I stress that the Government is committed to working closely with civil society. It is also our firm belief that the private sector needs to be fully engaged in the ongoing struggle. Business relies on a healthy, vibrant workforce, and it can benefit no one if our people — in particular, our youth — are sidelined by the stigma of HIV/AIDS.

Two years ago, we implemented a programme of treatment free of cost to all persons infected with HIV. That has resulted in a notable decrease in the mortality of infected persons, as well as a significant improvement in the quality of life of those receiving treatment. However, the number of new infected persons continues to be of concern.

We recognize that much work is still needed to address the issues related to prevention, as well as the matter of stigma and discrimination meted out to infected persons and their relatives. That is arguably the most challenging aspect of the fight in our small community, where virtually everyone is known to everyone else. We remain, however, resolute and we will require the continued support of our developmental partners to understand and to respond to our special circumstances of scarce financial and human resources.

Our relationship with donor agencies and other partners must be an enabling one, with full recognition of the challenges, but also of the implications of failure. The world has been described as a global village. Technological development, trade and other relationships have resulted in increased interaction of the peoples of the world, a factor which has facilitated the spread of the HIV. It is our hope that this same interaction will be used to ensure through our united efforts that our collective human intellect and mutual goodwill will overcome the impact of the destructive consequences brought about by HIV/AIDS.

The Government of Saint Vincent and the Grenadines is cognizant of the need to continue to respond energetically and effectively to this challenge, but we find it difficult to do so without the help of our global partners. We are indeed grateful for the assistance received thus far from those who have responded. We encourage their continued and expanded support. For our part, we will continue to work with our regional sister countries and organizations in employing our best minds to meet the ongoing demands.

This war against HIV is one that must have the unanimous support of all States Members of the United Nations if we are to meet the Millennium Development Goals and enjoy sustainable development. It is a battle we must fight together and a battle we must win. We are ready to do our part.

The President: I call next on His Excellency Mr. Urbain Olanguena Awono, Minister of Public Health and Chairman of the National Committee to Combat AIDS of Cameroon.

Mr. Olanguena Awono (Cameroon) (*spoke in French*): I am honoured to address the General Assembly on behalf of His Excellency Mr. Paul Biya, President of the Republic of Cameroon, whose great political commitment and energy have lent dynamism to the fight against AIDS in our country. The strong determination of our head of State to attain the Millennium Development Goals means that combating AIDS is a national undertaking that inspires vigorous participation and universal commitment. Moreover, the commitment of Mrs. Chantal Biya, First Lady of Cameroon, whose activities take advantage of a broad network and great African synergy, is a further major asset.

As participants know, Cameroon is among the countries most seriously affected by the AIDS crisis, with a sero-positive rate of 5.5 per cent. The epidemic is acute and poses a serious threat, which the Government is seeking to address through a strategy based on concrete action with AIDS at the centre of our economic and social priorities and our struggle against poverty. Our response is based on our institutional pillars, a multisectoral approach, decentralization, participation by civil society and communities, including by people living with HIV.

With support from its partners, Cameroon has made considerable progress in recent years. A 2004 demographic survey indicated, for example, that 98.5 per cent of people in Cameroon had heard AIDS spoken of and 87 per cent knew at least one way to avoid the disease.

We have intensified our advocacy of use of condoms. We are undertaking programmes specifically targeting young people. We offer counselling and screening services throughout the country, with mobile units providing voluntary screening and testing; thanks to their availability and to the fact that they are free of charge and provide speedy results, a great many women and young people have been taking advantage of them. We focus also on the prevention of mother-to-child HIV transmission, with the number of facilities in that area having risen from 100 in 2001 to 462 in 2006. In connection with mother-to-child transmission, we want basic prevention services to be available countrywide, with universal access. Another focus is the decentralization and integration of district health services. The movement towards public-private partnerships is dynamic and is a powerful impetus to our activities.

In 2001, 600 people were being treated with antiretrovirals; by late 2005, there were 20,000. That is because of an active policy to reduce costs, which have fallen to approximately $8 per month per patient; the cost of testing has similarly fallen. We must speed up our effort to provide free treatment for all who need it. Here, the Government has decided that treatment should be free of charge for children up to 15 years of age and for those in need. Free treatment is offered also for co-infections such as tuberculosis.

With nearly 122,000 orphans and vulnerable children in our country, Cameroon is facing a major social challenge, which it is striving to meet. Today, some 20,000 children are being treated under targeted programmes. Our goal is to identify all such children and ensure that they are taken care of in the family or the community.

Overall, Cameroon's response has improved; consistent with the goals set out in the Declaration of Commitment, it is founded on a results-based and progress-based policy. But many challenges remain to be met before we have overcome the crisis. Our priorities are reflected in our new strategic plan for 2006 to 2010, announced by our head of Government on 1 March 2006.

Cameroon is convinced that broad mobilization to achieve universal access could be a powerful engine of

hope. We require additional resources and innovative approaches to enhance our prevention and treatment policy and to break the cycle of new infections, while still providing care for those who need it. We must put an end to taboos and hypocrisy; promote education in prevention; recognize the major role of civil society and of people living with HIV; recognize new rights and responsibilities; empower women; provide security for populations in conflict situations; take account of the impact of AIDS on development plans; strengthen our health care system; and develop our human resources. Those are all challenges that we must take up courageously and boldly.

Cameroon enjoys the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, but we need additional financing. The key now is to support the Fund and work to ensure its sustainability and, above all, its predictability, in order to enhance its effectiveness. The rich countries must keep their promise and unambiguously commit themselves to the fight. We hope too that innovative financing approaches will be forged in the context of the Global Fund.

For nearly the past 25 years, AIDS has been treated, but not cured. The world strategy thus remains an open question. More, and more effective, research must be carried out. Africa itself must unreservedly engage itself to that end, and we urge the international community to mobilize a scientific partnership to support it. Cameroon is very active in this area. Recently, with assistance from Italy and from Luc Montagnier's World Foundation for AIDS Research and Prevention, we established a significant research centre with the purpose of engaging in vaccine research, clinical tests and the dissemination of information.

His Excellency Mr. Paul Biya, President of the Republic of Cameroon, has mandated me to reaffirm his support for the African Union Common Position and his allegiance to the world commitment to provide universal access by 2010, so that this meeting can be a truly historic moment marking mankind's determination to vanquish AIDS. To do that, our resolve must be increasingly focused.

The President: I now give the floor to Her Excellency Mrs. Maiga Zeinab Mint Youba, Minister of Health of Mali.

Mrs. Youba (Mali) (*spoke in French*): President Amadou Toumani Touré of Mali very much regrets that, due to the demands of the national agenda, he is not able to respond in person to the invitation of the Secretary-General to be here today. He is with us in spirit, however, as the fight against HIV/AIDS is one of his main personal and political priorities. He has asked me to deliver this message to the General Assembly.

Strengthened by its fundamental traditions and values as a country of refuge, generosity, solidarity and widespread participation, Mali is rightly known for its spirit of openness and creativity in the face of the challenges associated with combating poverty and working towards sustainable socio-economic development. Our national slogan — our "three ones" — is one people, one goal, one faith. That inspiring theme has been of great value in our struggle against adversity and such major challenges as climate change and the establishment of democracy.

The characteristics of HIV/AIDS are such that they can destroy a society, just as they can bring together a single people around a proactive vision to combat this scourge and serve as an impetus for lasting social cohesion. Along with our friends and technical and financial partners, we in Mali have chosen to make the campaign against this terrible scourge a national sustainable development undertaking based on the human individual. On the basis of our declaration of national policy to combat AIDS, which is based on the three guiding principles promoted by the Joint United Nations Programme on HIV/AIDS (UNAIDS), we have begun major institutional, strategic and operational reforms.

The Supreme National Council to Combat AIDS, which is presided over by the head of State himself and comprises equal partners from the public, private and civil sectors, including our technical and financial partners, is the sole body responsible for leading and coordinating the fight against AIDS. The national strategic framework to combat AIDS is the single strategic mechanism in the effort against AIDS, and is recognized as such by all. The system for monitoring and evaluation of the campaign against AIDS is unique in its inclusion of stakeholders from the public, private and civil society sectors.

The executive secretariat of the Supreme National Council — in cooperation with participants from the public and private sectors, civil society, technical and financial partners and people living with AIDS — is coordinating the campaign in such a way that all sectors are required to organize themselves better,

better manage efforts and resources, produce verifiable results and, ultimately, be accountable to the country, individually and collectively, based on their comparative advantages.

The following major achievements have been the result of our vision. We are now able to provide free antiretroviral drugs and care for people living with HIV, making it possible to treat 7,500 persons, which represents 30 per cent of our estimated cases of infection. Testing, counselling and mother-to-child transmission prevention services exist almost throughout the entire country. Wide-scale information, awareness and education campaigns targeting mostly adolescents and young people are being carried out everywhere.

Our proactive vision is built upon three pillars: ownership and democratic governance, structural improvement, and the economic viability of the campaign. Realizing those three pillars is the major challenge to ensuring universal access to prevention, care and treatment in the countries of our subregion. We must make the development of a culture of prevention, care, treatment and support part of our campaign against poverty. We must provide the services and guidance needed by individuals, families and communities. And we must ensure the viability of the policy of universal access.

In order to achieve the results expected from those efforts, I call upon all stakeholders and upon all our technical and financial partners to promote the attainment of the following critical objectives.

The fight against HIV/AIDS must be decentralized in order to foster a lasting local response within families and communities. Technical, institutional and operational capacities among African stakeholders must be developed at the subregional, national and local levels in order to ensure ownership of the struggle by the people most affected by the epidemic. There is a need for technology transfers with regard to the production of medical and non-medical products and consumer goods in Africa, so as to ensure the economic viability of the campaign on the continent most affected by the pandemic. Constant internal and external resources must be mobilized to ensure the continuation of our strategies on a short-, medium- and long-term basis. There is a need for greater coordination at the regional and subregional levels in order to exchange experiences and be able to develop programmes jointly.

As we know, HIV/AIDS will not wait. It is causing unprecedented destruction throughout the continent. The urgency of the situation requires particular attention from technical and financial partners in the areas of harmonizing, simplifying and coordinating procedures and support systems.

My country associates itself with the statement delivered by President Denis Sassou Nguesso, current Chairman of the African Union. We would also like to emphasize Mali's support for the Brazzaville Commitment and the Abuja Declaration on Universal Access. I would like to extend my warm congratulations and encouragement to the African Union for the efforts it has made. I also wish wholeheartedly to thank UNAIDS, the Global Fund and all our other partners, who have produced such great hope for our people who are either infected or affected by HIV/AIDS.

Let us ensure that this special Meeting marks the beginning of a model partnership for success in the fight against AIDS. Together we can keep our promise of a generation without AIDS.

The President: I now give the floor to Her Excellency Ms. Sif Friðleifsdóttir, Minister of Health and Social Security of Iceland.

Ms. Friðleifsdóttir (Iceland): I welcome the report of the Secretary-General (A/60/736) on the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex). I acknowledge that important progress has been made since 2001 in the areas of funding, expanding access to HIV prevention, treatment and care and in mitigating the impact of AIDS. However, I am deeply concerned by the overall expansion of the epidemic, especially among young women, as well as by the increasing number of children affected and orphaned by this disease.

To address this problem we must increase the possibilities available to women and adolescent girls to protect themselves from the risk of HIV infection. This needs to be done not only through the provision of health care and reproductive health programmes but also through prevention education and the promotion of gender equality. To accomplish this in my country, Iceland, we have engaged civil society, such as people living with HIV/AIDS.

To assist us in bringing help to other parts of the world, we have contributed to the Global Fund to Fight AIDS, Tuberculosis and Malaria and to the "3 by 5" initiative. We have also contributed to the Icelandic Red Cross, together with the International Federation of Red Cross and Red Crescent Societies. We have, further, adopted legislation on compulsory licensing to make it possible to assist those in need with affordable medicines.

Finally, let me emphasize that we have to eliminate the stigma and discrimination associated with the disease, through legislation, policies, education and public awareness campaigns. We have to protect and promote the HIV/AIDS-related human rights of people living with the disease. We have to ensure that women, children and people in vulnerable groups are centrally involved in all aspects of HIV/AIDS responses. We also have to increase our efforts to provide sustainable antiretroviral treatment coverage.

Let me say in conclusion that I truly believe we can turn the tide by a combined effort of all nations in this battle against HIV/AIDS, with a special emphasis on women, children and other vulnerable groups in our societies.

The President: I now give the floor to His Excellency Mr. Horace Dalley, Minister of Health of Jamaica.

Mr. Dalley (Jamaica): Very few speakers have observed the time limit; I will be among them, as I will be very brief.

In the past two weeks, a lot of us have been to a lot of meetings. Ministers of Health recently returned from Geneva, where we had a Commonwealth health ministers' meeting, and HIV/AIDS was a major issue on the agenda. We left the Commonwealth health ministers' meeting and went to the World Health Assembly, where there were many discussions regarding HIV/AIDS. This week we are in New York, and we are again looking at the problem. There has been much talk about it. I do not like to talk much; I would like to have more action.

Let me say that Jamaica is fully committed to all that was said this morning by the Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community.

We must do a number of things. We have achieved much in alerting the world to the pandemic of HIV/AIDS. The United Nations system has achieved much. But much remains to be done. The Global Fund to Fight AIDS, Tuberculosis and Malaria must continue to be financed, and developed countries must put more into the fight against HIV/AIDS.

Stigma and discrimination must stop. This evening, as we prepare to adopt the draft political declaration, let us commit ourselves to the task ahead. Jamaica is fully committed to the ideas put forward by civil society to ensure that we move f rward in the struggle to eradicate the AIDS pandemic.

The President: I now give the floor to His Excellency Mr. Tedros Adhanom, Minister of Health of Ethiopia.

Mr. Adhanom (Ethiopia): On behalf of the Government of the Federal Democratic Republic of Ethiopia, I would like to express my gratitude for the opportunity to address the General Assembly on the progress made in our country since the adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), in 2001.

The 2005 prenatal care survey indicates that the prevalence of HIV among adults is 3.5 per cent, compared to a rate of 7.3 per cent in 2001. A population survey conducted for the first time in 2005 indicated an adult prevalence rate of 1.6 per cent. The prevalence of HIV is especially declining in urban areas.

Our multisectoral response to HIV/AIDS in the five years since the adoption of the Declaration has produced positive results vis-à-vis all three pillars: prevention, treatment and care, and support.

To intensify prevention efforts, we are using an innovative community-based approach that we refer to as the health extension programme. Based on the recently revised strategic plan, a total of 30,000 health extension workers will be trained and deployed by 2008 to achieve blanket coverage. Thus far, around 10,000 health extension workers have been deployed, covering a third of the total number of villages in Ethiopia. Those health extension workers reach out to each and every household and ensure the transfer of ownership of HIV/AIDS prevention information to the communities they serve.

While the health post in each village serves as a formal institution to coordinate the programme, faith-based organizations, non-governmental organizations,

civil society and village leaders are also active players in the campaign.

An average of 103,000 orphaned children and people living with HIV are being supported each year. The target for 2010 is to provide support to 1 million. In order to achieve that goal, care and support are being integrated into the social mobilization efforts at prevention I have just outlined. The idea is to tap domestic resources for care and support during household- and community-based interventions.

Prior to the initiation of accelerated free antiretroviral treatment in 2005, 900 people were receiving free antiretroviral drugs. In May 2006 we were able to enrol a total of 34,000 people for free treatment. The total target for the end of 2006 is 100,000, with universal access achieved by 2010. The number of sites providing antiretroviral treatment has increased from 8 in 2003, to 77, in 2006. In order to achieve the target of 100,000 by the end of 2006 — which represents about 40 to 50 per cent of people who need antiretroviral treatment — more than 50 facilities are being readied to provide such free treatment. We will treat 210,000 by 2008, and we will achieve universal access by 2010.

The signing, in January 2006, of a memorandum of understanding with the Global Fund and the United States President's Emergency Plan for HIV/AIDS Relief (PEPFAR), in line with our national programme and harmonization principles, is creating synergy and has contributed greatly to accelerating the implementation of major activities.

Although encouraging results have been registered, the challenges ahead of us are greater than what we have achieved thus far. I would like to reiterate Ethiopia's full commitment to achieving universal access by 2010 in the major targets I have outlined under the three pillars. To accelerate reaching the targets under the three pillars, the main strategic issues we are following are capacity building, social mobilization, integration with health programmes, leadership and mainstreaming, coordination and focusing on the most vulnerable.

Finally, I would like to take this opportunity to thank the Global Fund, PEPFAR, the World Bank, the Joint United Nations Programme on HIV/AIDS and all our other partners for all the support they have provided.

The President: I now give the floor to His Excellency Mr. Diego Palacio Betancourt, Minister of Social Protection of Colombia.

Mr. Palacio Betancourt (Colombia) (*spoke in Spanish*): Over the past few days we have had an opportunity to listen and to think about what each and every one of our countries and each and every one of us is doing to confront the HIV/AIDS pandemic.

It is true that the problem is a considerable one. It is also true that the resources are insufficient. But nobody can deny that the simple fact that we are here, meeting together to discuss and analyse the problem, demonstrates that the political will exists — the political will that is necessary if we are to move forward with any one of the programmes that are in place in each of our countries.

My country, Colombia, like all countries represented here, is doing its best to ensure universal access to health care. We have improved insurance coverage. All of the drugs necessary for treating patients are now covered by our benefit plans. However, it is more important that we stress the need to redouble our efforts to reach the targets that we have set.

In this context, I would like to highlight the importance of horizontal cooperation among countries, which is a tool that must be strengthened. Several countries of our region have been successful in jointly negotiating the procurement of antiretroviral drugs. However, coordination must not stop there. We can and must make greater progress, designing new strategies to allow universal access to low-cost drugs, while at the same time strengthening awareness-raising campaigns and prevention programmes and concentrating our efforts on the most vulnerable sectors when formulating sexual and reproductive health policies that deal with the cross-cutting themes of gender and human rights, with particular focus on the needs of women and girls.

We must not forget, however, that any efforts we make in the struggle to gain control of the HIV/AIDS epidemic will be in vain unless we always bear in mind that inequality lies at the root of the problem. In the search for a solution — which all of us must be engaged in — we must therefore strive to achieve greater social development, which will enable us to reduce poverty, improve standards of living, increase the level of education and, consequently, reduce the number of cases of HIV/AIDS and ensure not only that

people living with HIV/AIDS are not excluded, but also that they receive more and better care, free from all stigma and discrimination, in a society that is better educated, more inclusive and more equitable.

I reaffirm — as many speakers have done with regard to their own countries — Colombia's commitment to respond in a comprehensive and integrated manner to the challenge of the epidemic. We are making every effort to seek out and implement the best strategies for fulfilling the Millennium Development Goals. We reaffirm our decision to strive for and reach the target of universal access to prevention, treatment and support programmes.

I would not want to conclude without mentioning the importance of the participation of civil society in the response to the epidemic. The ongoing support of civil society is enabling us to continue to make headway and to ensure the sustainability of our actions in the face of the enormous challenge before us.

The President: I now give the floor to His Excellency Mr. Tamsir Mbowe, Minister of Health of Gambia.

Mr. Mbowe (Gambia): First of all, may I convey the apologies of President Alhaji Yahya A.J.J. Jammeh for not being able to attend the High-level Meeting, as a result of other pressing national duties. The General Assembly may recall that the Gambia will host the forthcoming African Union summit in early July 2006. That requires nothing less than total commitment.

The Gambia voted in favour of resolution 60/224, of 23 December 2005. Since the adoption of that resolution, the Government of the Gambia has been fully engaged in the comprehensive global response to contain the pandemic. HIV is the most formidable pathogen to confront modern medicine. The struggle against AIDS must therefore be focused, concerted, relentless and sustained. Strong political leadership must be demonstrated in that process.

That is why world leaders singed the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) in 2001. Since the adoption of the Declaration, the Gambia has scaled up and intensified a comprehensive campaign against the pandemic. Additional resources have been mobilized through the World Bank, the Global Fund and other, bilateral, organizations. The Government has provided antiretroviral drugs at no cost to people living with AIDS.

The Assembly may recall that, at the fifty-fifth session of the World Health Organization's Regional Committee for Africa, held in Maputo, Mozambique, the year 2006 was declared as the year of acceleration of HIV prevention in the African region. Accordingly, the Gambia has recently launched its own programme of acceleration of prevention. The Government has already embarked upon an aggressive prevention campaign with a sense of urgency and renewed vigour, in synergy with treatment efforts.

The Gambia is among the few African countries with declining rates of HIV prevalence. To maintain that momentum, the Government places special emphasis on equity and social justice by ensuring that resources reach operational levels through grassroots organizations.

The Gambia recently conducted a national exercise on sentinel surveillance on HIV/AIDS and established that the prevalence of HIV/AIDS in the Gambia had dropped by a full percentage point, from 2.1 per cent to 1.1 per cent, in respect of HIV-1, and from 0.9 per cent to 0.6 per cent for HIV-2. That is the result of the unrelenting efforts of the Government of the Gambia in the pursuit of preventive public information and awareness programmes, and the activities of the Department of State for Health and Social Welfare, the National AIDS Council and the National AIDS Secretariat.

The Government of the Gambia recognizes the important role of people living with HIV/AIDS in the fight against HIV/AIDS. Their involvement is an important component of our national strategy. In collaboration with partners, five support groups have been established, and have been supported, in the fight against stigma and discrimination. They are also represented in the National AIDS Council. People living with AIDS must move from the margins of hopelessness into the centre of courage and positive living.

To be HIV-positive does not necessarily indicate a hopeless prognosis with impending doom. Hope itself is born out of hopelessness. The worst thing to fear is fear itself. We cannot contain HIV/AIDS by working in isolation as members of a specific sector, or in collaboration as members of a loose amalgamation. But we can, by working together as members of a cohesive and concerted multisectoral force, be able to put a stop to the challenge it poses.

HIV/AIDS does not recognize geography or political boundaries. Therefore, Taiwan's exclusion from international health interventions and control networks poses a serious threat to both Taiwan itself and the world community at large. Taiwan should be accorded full and unhindered access to global disease prevention. The World Health Organization is the United Nations specialized agency mandated to regulate international health. Accordingly, the World Health Organization's Constitution enshrines the principle that the enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being. It is therefore regrettable that the health and medical rights of the 23 million people of Taiwan still have not been covered and protected by the World Health Organization.

The President: I now give the floor to His Excellency Mr. Julio Frenk Mora, Minister of Health of Mexico.

Mr. Frenk Mora (Mexico) (*spoke in Spanish*): The fight against HIV/AIDS is an issue of critical importance for public health, economic development and global security. In this context, Mexico has adopted a comprehensive three-pillar strategy based on, first, prevention, secondly, universal access to medical care for people living with HIV and, thirdly, the combating of stigma and discrimination.

Since the very beginning of the epidemic more than two decades ago, the Mexican Government has been adopting evidence- and science-based preventive measures, including banning sales of blood and promoting the use of condoms. That forceful early response eliminated the transmission of HIV through blood transfusions and led to a significant reduction in the incidence of perinatal transmission.

Furthermore, the epidemic in Mexico has remained at one of the lowest levels in Latin America and the Caribbean. However, it is concentrated within particular population groups, where the incidence is high.

In order to confront the challenge, we have strengthened preventive measures targeted at young people, men who have sex with men, injecting drug users, male and female commercial sex workers and migrants. Those measures are carried out largely by civil society organizations.

In the area of health care, Mexico is undertaking a comprehensive structural reform effort to provide universal health coverage under the new People's Health Insurance scheme, which covers groups excluded from the traditional social security system. Thanks to the increase in public investment in health made possible by the reforms, since 2003 Mexico has achieved universal access to comprehensive medical treatment for people living with HIV/AIDS and their families, including full coverage for the provision of high-quality drugs.

The fact that the epidemic is concentrated in certain groups means that we have to develop aggressive strategies to combat stigma and discrimination. Mexico now has a new legal framework for eliminating all forms of discrimination, including discrimination based on the health status or sexual orientation of individuals.

Moreover, with the active participation of civil society, we have carried out innovative awareness-raising campaigns to prevent discrimination against persons living with HIV/AIDS and to combat violence against women and homophobia.

National policies can be effective only if they are implemented within the framework of international cooperation, as the threat we face is a global one. Mexico, as a representative of Latin America on the Board of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, reiterates the urgent need to provide that fund with more resources and to open it to a wider group of developing countries. We are also committed to strengthening the programmes of the World Health Organization (WHO) and of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Mexico will keep its doors open to all, allowing free entry into and departure from our country without discrimination of any kind. It stands ready to be a responsible actor in the global fight against HIV/AIDS. That is why I extend a warm invitation to all present to join us in Mexico in August 2008 at the seventeenth International AIDS Conference, to be held for the first time in a Latin American country.

The President: I now give the floor to His Excellency Mr. Fred Torgbar Sai, Minister, Government Adviser on HIV/AIDS of Ghana.

Mr. Sai (Ghana): Ghana is very happy to join the group assembled here. Ghana supported, and agreed to

the Abuja Declaration, as well as the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex). Ghana is happy to report that, since then, it has been a beneficiary of, and collaborator in, the efforts to combat HIV/AIDS. Through the support of the World Bank, the Global Fund and other bilateral and multilateral agencies, Ghana has been able to manage the response of its HIV/AIDS programme by following the "three ones" principles and establishing a coordinating body that includes all levels of society, including people living with AIDS.

Due to the support we have received, the national HIV prevalence rate, which stood at 3.6 per cent at the highest point, has now declined to 2.7 per cent. Even more encouraging is the fact that the prevalence among the 15- to 24-year-old age group has declined from 3.5 per cent to 1.9 per cent.

Everything that has been said about the challenges in developing countries applies to Ghana: the inequitable treatment given to women, the vulnerable being made victims and being victimized for their vulnerability, the haemorrhage of human resources in the health sector, the need to strengthen health services and the need to expand HIV/AIDS campaigns.

But, after coming here and listening to what has been taking place, I felt I should share with the members of the Assembly something that a preacher told me when I was in high school. He looked at the advances in science — air machines flying and people going to the moon — and said, "Ah, human beings are pilgrims of the impossible".

AIDS is confronting us, challenging us to dream the impossible dream of a world without HIV/AIDS. AIDS is challenging us to examine the fundamentals feeding the development of HIV/AIDS. The fundamentals are hardly technological. They are sociological, cultural and legal. They are vindictiveness, inequity and unequal treatment. They are based on a world in which there are rich and poor, a world in which some people go to bed without food, a world in which young girls have to sell their bodies before they can eat.

If we are pilgrims of the impossible, AIDS is asking us to come together as one world and dream the impossible dream and provide what is necessary by way of social science research and support so we can conquer AIDS. That is what the future requires of us.

The President: I now call on His Excellency The Honourable Damian Greaves, Minister for Health, Human Services, Family Affairs and Gender Relations of Saint Lucia.

Mr. Greaves (Saint Lucia): On behalf of Saint Lucia, I wish fully to endorse the statements made by several delegations and, more importantly, by civil society.

Saint Lucia is a small island — 238 square miles — with a population numbering 160,000. It is subject to all the vulnerabilities and external shocks that developing countries face. In 1985, Saint Lucia recorded its first case of HIV/AIDS. By the end of 2005, we had recorded 564 cases, 51 per cent of which have progressed to full-blown AIDS, 48 per cent of which have died.

We understand what is happening with this particular phenomenon, and we are conscious of and support everything that has been done by the United Nations, including the "three ones" principle, among others. But there is one thing we wish to suggest. Having endorsed all of these things, we want to suggest to this gathering, on this most important occasion, that, while we look at the daily crisis of HIV/AIDS, we look also to the future. For us, some of the most important elements include financing for the future, because today there are people who are contracting HIV/AIDS and who will receive treatment. But we want to see the financing continue 15, 20, 30, even 40 years down the road, because those people will want the treatment continued.

The last point I should like to make is that we must put an end to the hypocrisy in terms of the treatment of our women; the hypocrisy in terms of commercial sex workers; and the hypocrisy in terms of men having sex with men. We must stop the hypocrisy. We must stop turning a blind eye. We must understand that these are some of the issues that we have to deal with once and for all, and then, and only then, can we deal with the HIV/AIDS virus as it stands now.

The President: I now give the floor to His Excellency The Honourable Nataenara Kirata, Minister of Health of Kiribati.

Mr. Kirata (Kiribati): My country aligns itself with the statement to be delivered by the representative of Papua New Guinea on behalf of the Pacific Islands Forum.

On behalf of the President and people of Kiribati, I have the great honour to deliver this short address to share my Government's views about the current response to HIV, as well as to recommend a few points for the consideration of this Meeting.

When the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) was adopted at the special session of the General Assembly devoted to HIV/AIDS, in June 2001, my country was still not part of the United Nations system. That historic document was the global voice of concern for an epidemic that was disproportionately affecting the world's poorest nations. It also marked a global effort to put in place the most effective strategies that could make a measurable impact on the people, families, villages and nations touched and affected by the scourge of this deadly virus.

My Government salutes the efforts of the countless people whose vision resulted in the Declaration of Commitment. We also acknowledge the efforts and assistance given to national programmes to develop and implement national responses.

My Government has benefited from a number of regional HIV programmes, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Pacific regional HIV project funded by the Australian Government's AusAID programme and, most recently, the Asian Development Bank's regional project on HIV. My Government also acknowledges the role of the Secretariat of the Pacific Community in coordinating and facilitating many of those initiatives, as well as the immense contribution of United Nations bodies working on HIV and related projects at the regional and, more important, the national levels. The World Health Organization, UNICEF and the United Nations Population Fund have demonstrated time and again their willingness and flexibility in assisting my country as it grapples with HIV and other pressing national concerns, such as child and reproductive health.

But my country also shares the growing sense of disquiet that many of the promises and commitments will not be realized in time, including those enshrined in the Millennium Development Goals. There are just not enough resources, both in manpower and in financing, at the national level to deal with the myriad interrelated issues that influence the spread of HIV.

The number of HIV cases in Kiribati is continuing to grow. In fact, we are beginning to see families with children coming to our centres for treatment of HIV complications. Our tuberculosis burden is considered to be the highest in the region. That is a cause of great concern to us. Economic constraints, the lack of opportunities for our young people and the influence of alcohol on this vulnerable population contribute to an environment that fosters the spread of HIV and other sexually transmitted diseases.

We have a very small population, and it is in our interest that the spread of HIV be halted and reversed as soon as possible. The opportunity for antiretroviral treatment gives us a glimmer of hope. Yet again, we are forced once again into harsh reality when we realize that our current health system and civil society involvement need further strengthening before effective and sustainable HIV care and treatment in Kiribati can be achieved. As we strive to orient our services to provide sustainable services within the required system, people living with HIV and AIDS continue to suffer and die. That is tragic — and totally inexcusable.

Kiribati, with one of the highest rates of tuberculosis prevalence in the Pacific region, and indeed in many parts of Asia, has seen the links between tuberculosis and HIV infection suddenly take on a new level of urgency and meaning as never before. In fact, we call for renewed and well-focused attention on those two infections in a manner that recognizes the linkages and common problems that fuel both diseases. My country is keen to deal with issues of lack of economic opportunities, ignorance and indifference, which are often the root causes of these diseases. We call upon the United Nations system to devote more resources to tackling these two interrelated diseases, because we believe that addressing only one of them will mean that we are dealing with only half of the problem.

The discussions over the past two days have produced many realistic and innovative ways to improve the chances of countries to meet the targets set in the Declaration of Commitment and the Millennium Development Goals. My delegation is pleased in particular that there is a growing realization among the United Nations system and the donor community that donors must be well resourced if they are to stem the tide of the rising epidemic, and that prevention should remain a focus of the comprehensive response.

My Government looks forward to the successful completion of this important Meeting and, more

important, to the emergence of a new spirit of commitment that will address the issues that have been identified.

The President: I now call on Ms. Alice Lamou, Minister in Charge of HIV/AIDS and Orphans of Gabon.

Ms. Lamou (Gabon) (*spoke in French*): I, too, should like to congratulate President Eliasson on the excellent manner in which he is guiding the work of the Assembly during this meeting, which is a midterm review of the implementation of the Declaration of Commitment on HIV/AIDS, adopted on 27 June 2001.

Since the adoption of that strategic document, Gabon, with the personal commitment of our President, El Hadj Omar Bongo Ondimba, and his wife, Dr. Edith Lucie Bongo Ondimba, has undertaken a number of actions to combat HIV/AIDS, the most important of which is the national Therapeutic Solidarity Fund, established in 2002, which has made it possible to provide treatment to 6,000 people living with HIV.

I am also pleased to be able to report to the Assembly that the Government has included in our annual budget additional funding to provide free treatment for opportunistic infections related to HIV. Moreover, we have built a pharmaceuticals factory to make generic medicines.

In terms of HIV prevention, in addition to many awareness-raising campaigns, our Government has set up a number of centres for voluntary and confidential screening. The Government has also taken steps to prevent HIV transmission from mother to child by launching the "4 P's" campaign, namely preventing transmission of HIV from mother to child; preventing HIV among young people, particularly among girls; providing treatment for children; and protecting and supporting children who are vulnerable or orphaned by the disease.

The Government, in an effort to ensure universal access to services aimed at fighting AIDS, has developed, working together with the specialized agencies of the United Nations, civil society, persons living with HIV/AIDS and the private sector, a very broad programme of action that focuses on the following elements: national research studies on infection rates; enhanced epidemiological surveillance mechanisms; studies on the impact of the pandemic at the national level; and the harmonization of our efforts to combat AIDS with the Millennium Development Goals.

Within our budget, the Government of Gabon has established a mechanism for monitoring and assessing budgetary allocations for HIV/AIDS and the utilization of resources set aside for that purpose.

Gabon, with an infection rate of 8.1 per cent and a population numbering almost 1,384,000, endorses the African Union's position. Indeed, it is among those countries whose national efforts must be supplemented by additional resources in order better to combat the HIV/AIDS pandemic.

We are convinced that the draft political declaration we will be adopting will focus on the need to strengthen international cooperation so as to mobilize more resources to combat HIV/AIDS.

The President: I now give the floor to Her Excellency Ms. Josette Bijou, Minister of Health of Haiti.

Ms. Bijou (Haiti) (*spoke in French*): The delegation of Haiti is very pleased to participate in this High-level Plenary Meeting on HIV/AIDS.

In June 2001, at the special session of the General Assembly on HIV/AIDS, the Government of Haiti, alongside other Member States, undertook to make progress in the fight against HIV/AIDS. The Declaration of Commitment on HIV/AIDS covered 11 areas. Five years later, we can say that, despite many social, political and economic constraints, Haiti has successfully implemented the various policies to which it committed itself, as is demonstrated by developments in certain indicators.

In the area of the multisectoral approach, significant progress has been made through the integration of the fields of education, justice, women's issues, social affairs, planning and finance.

In the area of prevention, progress is tangible. The rates of sero-positive pregnant women, which are monitored regularly, dropped from 5.96 per cent in 1996 to 3.1 per cent in 2004. A study carried out in 2005 showed that 95 per cent of the Haitian population were informed on HIV/AIDS issues, thanks to a significant awareness-raising campaign.

With regard to the prevention of mother-to-child transmission, the coverage, although weak at less than

20 per cent, represents progress compared to previous years.

In the area of care, support and treatment for those infected and affected by the disease, two standard manuals have been prepared on clinical and therapeutic care and on community care. Currently, 88 sites offer virus-screening services; 77 offer mother-to-child transmission prevention services; and 25 other centres provide antiretroviral drugs to 6,007 patients.

HIV/AIDS is a human rights issue. Two laws have been adopted, one on the protection of women victims of rape and the other on the protection of people living with AIDS at their workplace.

In the area of protecting vulnerable persons, progress has been insignificant. Last year, the Ministry of Health and Population established a solidarity fund to facilitate the economic and social insertion of people living with AIDS. It is too early to evaluate the project, and the resources available in that area are too scarce.

As to the promotion of research and development, significant progress has been registered, the most important of which is represented by the HIV vaccine trials being carried out at centres run by the Groupe Haitien d'Étude du Sarcome de Kaposi et des infections Opportunistes.

With respect to HIV/AIDS in regions struck by conflict or natural disasters, health-care workers have been given relevant training to help them respond adequately in such situations.

Furthermore, with regard to follow-up and evaluation, we are in the process of preparing a national evaluation campaign and a new national strategic plan for the period 2006-2011.

It is clear that much remains to be done. In the years to come, Haiti will want to guarantee universal access to prevention and the provision of care in the interests of fairness and social justice. We will also need to strengthen the multisectoral approach in order to optimize resources. My delegation takes this opportunity to thank Haiti's partners, which have spared no effort in fighting HIV/AIDS — a model of partnership and commitment to action. This is our opportunity to ask those friendly countries to continue to support us as we pursue this noble cause.

In my capacity as a minister of the outgoing Government, I was designated and accredited by the President of the Republic, Mr. René Garcia Préval, to represent my country at this meeting. That gesture demonstrates the resolve of the Government of Haiti to guarantee the continuity of our action. It is also on behalf of the President of the Republic and his future Government that I reiterate the commitments undertaken by Haiti to fight alongside our national and international partners to build a Haiti free of all new HIV infections between now and 2010.

The President: I call on His Excellency Mr. Justino Obama Nve, Minister of Health of Equatorial Guinea.

Mr. Nve (Equatorial Guinea) (*spoke in Spanish*): Allow me to begin by conveying to all those who are participating in this historic and universal meeting the best wishes of Mr. Obiang Nguema Mbasogo, President of the Republic of Equatorial Guinea, which he entrusted me with conveying to all the peoples of the world.

Equatorial Guinea, as an African country, once again reiterates its support for the position put forward in the Assembly by Mr. Sassou Nguesso, current Chairman of the African Union.

The Government of the Republic of Equatorial Guinea has taken very much to heart the reflections and the exchanges of experience that all of us have been engaged in since the beginning of these meetings dédicated to analysis and assessment of the results achieved in our countries in the struggle against the AIDS pandemic since we undertook those commitments in New York City in June 2001. The Government of Equatorial Guinea has resolutely taken up this initiative and, in 2002, took a first step by issuing a presidential decree approving a strategic framework to fight HIV/AIDS.

Similarly, we established our National Council, a multisectoral national body chaired and led by the President of the Republic. Its main missions are to design and approve multisectoral national strategies in the fight against HIV/AIDS and related infectious diseases, the mobilization of all available national and international resources to provide funds to the national multisectoral programme to ensure effective and sustainable financing.

With the implementation of activities within the strategic framework of the Government, we can say with a certain optimism that AIDS is no longer the

taboo in our society that it was several years back, although much remains to be done in terms of raising public awareness among our population. However, we should stress that in our country the rights of affected people are fully guaranteed by our 9 May 2005 law on the fight against sexually transmitted infections and the defence of human rights of infected people.

At present, about 10 per cent of people living with HIV/AIDS have been receiving antiretroviral treatment and follow-up at specialized units in the country's regional hospitals, of which 80 per cent is subsidized by the Government for the adult population and which is completely free of charge for pregnant women and minors under the age of 18. For this year, we hope to extend these treatment units to all the centres in the country.

The Government of Equatorial Guinea's desire to offer all its efforts, resources and time to improve the standard of living of our population and to fight poverty has led us to establish a national social fund which will be provided with 40 per cent of its annual budget to finance the health, education, promotion of women and environmental sectors.

One of the key Millennium Development Goals is to fight HIV/AIDS in order to stop the spread of this disease which knows no borders, and Equatorial Guinea reiterates its commitment and political will to continue engaging in international cooperation, which is the best mechanism to fight this great evil of our century.

Beyond the outstanding efforts taken against HIV/AIDS by the Government of Equatorial Guinea, we call upon the international community to unify and transfer the best strategies known to international organizations and Governments, in order to achieve results that can reduce the impact of this pandemic.

Finally, on behalf of my Government, I express our very sincere thanks to the Global Fund to Fight AIDS, Tuberculosis and Malaria for the projects that have been approved and financed to help our people. We reaffirm our interest and pledge our support in the implementation of those projects. We hope that the results will strengthen our national capacity in fighting those three major health problems in my country.

The President: I give the floor to Her Excellency The Honourable Ann David-Antoine, Minister of Health of Grenada.

Ms. David-Antoine (Grenada): I am honoured to address this High-level Meeting as we commemorate the fifth anniversary of the adoption of the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), and I welcome the Secretary-General's report (A/60/736) in that regard. My delegation wishes to associate itself with the statement made earlier by the Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community.

The Government of Grenada has maintained strong support for the Declaration of Commitment on HIV/AIDS and reiterates the need for a continued global response to address the issues which still confront us 25 years after the disease's first appearance. It is alarming to note the millions of people around the globe who are infected with HIV. Through this forum, my delegation pledges to work towards finding a solution. We applaud the world's leaders, who, in the 2005 World Summit Outcome (resolution 60/1), gave their commitment to a massive scaling up of HIV prevention, treatment and care, towards achieving universal access by 2010, a commitment endorsed by the Group of Eight (G-8) leaders and all other participants. Grenada remains committed in its quest to achieve the six major challenges set forth by the Joint United Nations Programme on HIV/AIDS (UNAIDS) for reaching our common goal.

My delegation is pleased to report that the Government of Grenada has enacted the "three ones" principles, having established through the Prime Minister's Ministry a national HIV/AIDS programme incorporating an infectious diseases control unit in the Ministry of Health to manage the treatment, care and support of individuals infected by HIV/AIDS and their family members. The Prime Minister of Grenada, acknowledging the potential threat to the social stability, economic development and national security of the country, has assumed responsibility for HIV/AIDS under his Ministry.

The World Bank has granted to Grenada assistance through a loan scheme for the implementation of activities in the national HIV/AIDS strategic plan. This assistance has been augmented by consistent increases to the annual budgetary allocations to the national AIDS programme.

In addition, in 2003, Grenada benefited from the Clinton Foundation negotiations, which resulted in

reduced costs for antiretroviral therapy for members of the Organization of Eastern Caribbean States. As a result of that initiative, a national infectious diseases control unit was established with a broadened status, scope and emphasis. The unit then became responsible for the treatment, care and support aspects of the prevention programme.

Since the first HIV/AIDS case was diagnosed 22 years ago, Grenada has significantly enhanced its programmes in the treatment of HIV/AIDS. To date, the number of persons diagnosed with HIV is 293, of which 202 persons have developed AIDS and 162 have died.

I wish to remind the Assembly that, in relation to the scope of the pandemic throughout the world, those figures may seem insignificant. But Grenada's 133 square miles and its population of approximately 100,000 do not diminish its vulnerability to the effects of this disease. Heavy emphasis is now being placed on voluntary counselling and testing, treatment, care and support, prevention of mother-to-child transmission and, more recently, a disaster plan with disaster planning workshops on disaster preparedness for all clients. Grenada has launched a five-year project which will enable AIDS prevention and control to be diversified through every sector, assigning responsibilities for different aspects of prevention, education and policy development within the workplace; this is directed and guided by a national strategic plan.

Grenada continues to develop new strategies to keep HIV/AIDS under control. Everything that is humanly and scientifically possible will be done with the help of local, regional and international partners, for whose assistance we are extremely grateful.

The challenges described in this forum today are not new. We will leave this meeting with a renewed commitment to continue the fight against HIV/AIDS and to seek new and innovative ways to encourage the private sector, faith-based groups, community organizations and other entities to forge ties and to work towards that end. I assure the Assembly of my Government's full support as we embark upon a new era in our quest to tackle HIV/AIDS, confident that, together, we will achieve universal access to prevention, care and treatment. We will keep the promise. We will turn up the volume.

The President: Before I give the floor to the next speaker, I would like to remind all participants that there is a three minute time limit so that our work can advance in the best possible conditions.

I now give the floor to His Excellency Mr. Galo Chiriboga, Minister of Labour of Ecuador.

Mr. Chiriboga (Ecuador) (*spoke in Spanish*): Since the Minister of Health of Trinidad and Tobago announced to the Assembly that his football team is at the World Cup, I would like to take this opportunity to state that Ecuador too is in the World Cup and that we hope to be in the championship finals against Trinidad and Tobago. I would also like to use the subject of soccer to express the wish that the world gave at least 10 per cent of the attention it pays to soccer teams and the World Cup to the fight that all the countries of the world are waging against the HIV/AIDS pandemic.

Turning to substance, my delegation associates itself with the statement made by the representative of Guyana as Chair of the Rio Group. Similarly, on behalf of the Ecuadorean delegation, composed of Government representatives, people living with HIV/AIDS and members of civil society, I would like to welcome the efforts of Member States in ensuring transparency and responsibility in the follow-up to the commitments they made at the special session on HIV/AIDS, held from 25 to 27 June 2001.

Our national health policy, led by the President of the Republic, guarantees universal access to health services and non-discrimination. In this context, in a participatory process coordinated with civil society and the Joint United Nations Programme on HIV/AIDS (UNAIDS), we have completed the review of our law on HIV/AIDS prevention and comprehensive assistance for those with the disease. This year, there has been a major reform of the legal framework guaranteeing fundamental human rights. For the period from 2003 to 2005, Ecuador saw a 280 per cent increase in the epidemic. There are clear indicators for the response to this generalized crisis. In this period, the Government of Ecuador has relatively successfully negotiated a project with the Global Fund to Fight AIDS, Tuberculosis and Malaria, which is now being implemented, and has increased its budget, although perhaps not by as much as we would have wished.

With respect to the 2001 recommendation of the General Assembly to achieve universal access to treatment, prevention and care, Ecuador introduced

antiretroviral therapy in December 2002. We are aware that we need to make much more headway in this area, which will require greater international cooperation and, of course, renewed national efforts. In addition, the country has complied with its obligation to propose clear objectives to reach universal access by 2010, on the basis of a national consultation and in response to the agreement signed at the Latin American Regional Consultation on universal access, held in Brasilia in January 2006.

However, although Ecuador backs up with clear actions its full commitment to a comprehensive response in confronting the HIV/AIDS epidemic, the path, during the reporting period, has not been easy. We have problems, but we also have the will to overcome them with the participation of people living with HIV/AIDS and civil society.

The Ecuadorean Government is aware of the need to frame its commitment in four clear lines of corrective measures, which it is in the process of implementing. First, we are formulating a State policy reflected in a multisectoral national strategic plan to achieve the national goals for 2010, which will lead to progress on the objectives set at the special session and the Millennium Development Goals. To that end, we have created a ministry with the specific task of driving actions that will permit the achievement of these goals.

Secondly, we are establishing a national monitoring and evaluation plan that is in line with regional agreements and criteria to give us a better understanding of the reality of our epidemic and to facilitate the necessary investment in each of the components.

Thirdly, we need to ensure compliance with laws protecting people who live with HIV/AIDS and to improve the legal and institutional framework to reduce stigma and discrimination against them, and against particularly vulnerable populations.

Fourthly, we need to expand our intervention vis-à-vis the general population and improve coverage for the vulnerable population which is at greatest risk.

Ecuador is committed to promoting a comprehensive, multisectoral approach to policy, planning, management, leadership, alliances between sectors and the response to the problem, in a framework of respect for the human rights of people infected or affected by HIV/AIDS, of the most vulnerable populations and of the general population. To do so, we need both to draw on social capital and to increase our budget for the national plan in the fight against AIDS.

That commitment also requires external technical and economic cooperation, as well as solid political will, which Ecuador reaffirms in this forum. We are seeking to increase our efforts and to stem the progress of the epidemic with active participation of non-governmental human rights organizations and women's, young people's, workers' and business organizations, thereby promoting national dialogue and social collaboration on this objective.

Access to medication is fundamental in the fight against HIV/AIDS. My country therefore believes that the defence of intellectual property rights should never, under any circumstances, be considered more important than the right to health and to life.

I cannot conclude without repeating Ecuador's wish that the draft declaration to be adopted at this High-level Meeting will go beyond the proposals made in the 2001 Declaration, in terms of both the social elements and the political will of States to implement it. Otherwise, we would have met merely to ratify the content of the Declaration.

The President: I now give the floor to His Excellency Mr. Balaji Sadasivan, Senior Minister of State, Ministry of Health of Singapore.

Mr. Sadasivan (Singapore): Every corner of the world has been touched by the HIV/AIDS pandemic. The devastation experienced by millions of families and communities and the economic, social, human and developmental costs of this disease are plain to see.

The local epidemic in Singapore is but one small component of the global AIDS pandemic. Since 1985, when the first case of HIV/AIDS was reported in Singapore, more than 2,500 individuals have been diagnosed with HIV/AIDS. The prevalence of the disease in Singapore is still low, at 0.1 to 0.2 per cent, but each year we are seeing increasing numbers of patients who are newly diagnosed with HIV/AIDS.

With rapid globalization, increased travel and a new generation of young Singaporeans approaching sexual maturity and becoming prone to high-risk sexual behaviour, it is essential for us to continue devoting attention and resources to scaling up and

intensifying prevention and control of the disease through a broad and inclusive approach.

HIV/AIDS prevention education is a cornerstone of our control programme. Health education programmes are targeted at the general population, as well as tailored for specific high-risk groups, such as sex workers and men who have sex with men. Education programmes have also been implemented in schools to reach out to teenagers and youths, as they are a vulnerable group. In order to ensure that the impact of these education programmes is not diminished over time, Singapore will continue to develop and intensify appropriate and innovative strategies to positively influence behaviour.

Singapore has also undertaken several new initiatives to assist in the prevention and control of HIV/AIDS and to enhance the care and support of those infected.

Mother-to-child transmission is almost entirely preventable with early detection and antiretroviral treatment. In December 2004, the Singapore Government spearheaded an intensified voluntary antenatal HIV screening programme. Pregnant women are now routinely offered HIV testing together with other antenatal tests. By making such testing a standard of care, we have achieved great success, with about 98 to 99 per cent of pregnant women in our public hospitals being tested for HIV, compared with a less than 30 per cent take-up rate previously. Since that intensified programme began, we have not had any reports of children being born infected with HIV.

We also recognize that there is a pressing need to address society's prejudice against those living with HIV/AIDS. This is not an easy task because of deep-rooted cultural and religious beliefs, but we are working actively towards reducing stigma and discrimination through education of our community and our health-care workers.

There are more than 40 million people worldwide living with HIV/AIDS today. The toll that HIV/AIDS exacts on employees, worker productivity and economic growth cannot be denied. We believe that it makes good business sense for businesses to become actively involved in the fight against AIDS. In November 2005, the AIDS Business Alliance was set up in Singapore to champion HIV/AIDS education for workers and to advocate for a supportive and non-discriminatory working environment for HIV-infected workers. The Alliance was formed by a group of businesses and has representation from local and multinational companies and employees' and employers' unions. Together with the Alliance, the Government has launched an educational programme called "Rallying Employers to Support the Prevention, Education and Control of STI/HIV/AIDS" (RESPECT). This is a programme especially developed for the local workplace setting, which aims to educate workers on AIDS prevention and which will fight discrimination against HIV-positive workers in the workplace.

Our control measures will not work if people do not engage in frank, open discussions about the disease and about sexual behaviour. For us, as a conservative Asian society, this has been traditionally difficult, but we will continue towards this goal.

We are encouraged by the efforts of the global community in achieving important progress in the areas of funding and expanding the level of access to HIV prevention, treatment and care. However, our fight against this disease is far from over. Continued political commitment, strong leadership and the concerted efforts of the public and private sectors, together with civil society, communities affected by HIV/AIDS and other stakeholders, are essential to sustain the headway we have made against this pandemic.

The President: I now call on His Excellency Mr. Oscar Fernandes, Minister of State of India.

Mr. Fernandes (India): I am pleased to be here today and would like to thank the Secretary-General for the excellent arrangements and documentation.

India is a country with over a billion people, of whom 400 million are below the age of 30. A young, mobile population and the rapid economic and social transformation that India is undergoing add to the complexity of the epidemic. Today, over 5.2 million people are living with HIV in India.

Recognizing the gravity of the problem, the National Common Minimum Programme of my Government has made a strong commitment to reversing its further progression. My Prime Minister is leading the efforts by chairing the National Council on AIDS, which consists of 31 cabinet ministers, State chief ministers and leading civil society representatives. Our political commitment to containing HIV/AIDS is further demonstrated by the

constitution of parliamentarian and State legislators forums, in which elected representatives, cutting across party lines, have voluntarily agreed to be members. We are now involving local self-government entities at the village level through elected representatives numbering 3 million, including 1 million women.

India is making significant progress in addressing the challenges posed by the HIV/AIDS epidemic. Integrated with the National Rural Health Mission, our flagship programme for addressing inequities in accessing health services in rural areas, the HIV/AIDS strategy seeks to balance prevention with the continuum of cure and treatment. With prevention as the key, our strategy focuses on expanding access to preventive services.

We are also expanding access to treatment from the current level of 30,000 persons to 100,000, including 10,000 children, with the paediatric formulation of antiretroviral therapy this year itself. The soundness of our strategy has been vindicated by data from the high-prevalence State of Tamil Nadu, indicating a decisive downward trend among the age group of 15-24 and a stabilization of the epidemic.

Yet we cannot be complacent. We are mindful of the need to intensify our efforts quickly and to fight stigmatization and discrimination. Recognizing the seriousness of the problem, we are close to finalizing a law that aims to provide extensive protection to women, children and people living with AIDS. We believe that such a rights-based approach is necessary in our struggle against HIV/AIDS.

India is a source of affordable essential drugs for several countries in the developing world. Indian pharmaceutical companies have been able to obtain approval from the United States Food and Drug Administration for over 14 drugs, which will further ease the availability of affordable drugs. India reaffirms its fullest commitment to and solidarity with the global fight against HIV and AIDS.

The President: I give the floor to His Excellency The Reverend Joseph Atherley, Minister of State of Barbados.

Mr. Atherley (Barbados): Debilitating, devastating, dehumanizing, catastrophic — these words capture the essence of the epidemic currently wreaking havoc around the world.

Barbados too has felt the severity of this impact. Indicative of my Government's political support at the highest level, the Barbados national AIDS programme in 2001 launched a national sensitization campaign and embarked on the widespread provision of highly active antiretroviral therapy. It has sought to provide decentralized psychosocial support services, conducted operational research to drive policies and programmes, and strengthened multisectoral partnerships at all levels.

These efforts have been tremendously important in the fight against the epidemic. We are entirely of the view that the success has been insufficient. We are, however, reinforced in our commitment to provide universal access to prevention, treatment, care and support programmes for not only vulnerable and marginalized groups but also for the general population as a whole.

Meeting the goal of mitigating the impact of the disease on the Barbadian population necessitates access to a broad spectrum of resources, including functional facilities, current information, skilled professionals, adequate financing and the elimination of barriers to access and availability of resources.

Denial of access to international funding based on global economic and prevalence comparisons essentially ignores the dynamics of the epidemic within the local context and condemns middle-income countries like Barbados to fighting a losing battle in terms of real costs.

May I remind the Assembly that, although much attention is being paid to the "second-wave" countries in Asia, the Caribbean region remains second only to sub-Saharan Africa in terms of prevalence. We in Barbados have been able to break the proverbial back of the epidemic as it relates to treatment. Since the opening of our state-of-the-art antiretroviral treatment facility in 2002, we have successfully reduced the mortality rate among persons living with HIV/AIDS by more than 50 per cent.

Unfortunately, we are not in a position to make a similar boast in the area of prevention. Empirical data reveals that, while knowledge levels are relatively high, this has not translated commensurately into changes in sexual behaviour. Multi-partnering, inconsistent condom use and early sexual initiation are making our prevention efforts difficult. There is therefore an urgent need for targeted communication if the incidence of the disease among key populations is to decrease. We will continue to adhere to the

principles of the Greater Involvement of People Living with HIV/AIDS (GIPA), ensuring that all persons living with HIV/AIDS have uninhibited access to quality prevention and treatment programmes.

Over the last five years, much has happened. Millennium Goals and targets have been set. The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria has been established and is currently chaired by Barbados, a small island developing State. There can be no excuse for passivity or denial when collectively, by the sheer numbers of our constituencies, developing countries have shown that they have the capacity to lead the world's nations away from the current path of misery.

The President: I now call on her Excellency Ms. Terttu Savolainen, Secretary of State, Ministry of Social Affairs and Health of Finland.

Ms. Savolainen (Finland): We extend our support to the European Union statement as presented by the Austrian presidency and commend the international community for having made some significant advances since the Declaration of Commitment was adopted. We wish also to express our appreciation to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsors for their extremely important work and the results achieved.

According to the report of the Secretary-General, more resources are available than ever before. Unfortunately, we have failed in an essential area: prevention of new HIV/AIDS infections, especially among young people. Finland, which will hold the presidency of the European Union in the upcoming period, urges the international community to put a renewed and strong emphasis on HIV prevention. It should take into account gender equality and human rights, and should make extra efforts to reach vulnerable groups. We must commit ourselves to put into everyday use the principles and practices of the policy paper of the Joint United Nations Programme on HIV/AIDS entitled "Intensifying HIV prevention". It is not acceptable to deny those in need any prevention tools that have been shown to work over and over again. Male and female condoms should not just be offered as the last option, but must be made accepted and easy to obtain.

We must fight the increasing feminization of the epidemic, through the empowerment of women. An effective and sustainable solution is to be found through investment in girls' and women's education, as well as through improving their health and social and legal status. Women must be made aware of their human and sexual rights, and those rights must be implemented and enforced. A general strengthening of health care structures, including the provision of reproductive and sexual health services, is an essential element in the empowerment of women. Sexual education should be provided for all young people, including adolescent girls and boys.

In many parts of the world, the epidemic is growing fastest primarily among those who use injected drugs. Yet, they often do not have sustained access to clean and safe injection equipment or to antiretroviral treatment and care. That must be changed, not only because failure to do so fuels the epidemic but because it is the right thing to do. In the last 10 years our national policy on harm reduction has been completely reversed, and we now exchange more than 1.8 million needles and syringes annually. Combined with universal access to all treatment and care, that policy change has had a clear and measurable effect on the epidemic in Finland.

We must recommit ourselves to the goals and objectives of the Declaration of Commitment, and even go beyond them. We urge the international community to work together to reach the target of comprehensive access to HIV/AIDS prevention, treatment and care throughout the world. Access is not an option; it is a human right.

The President: I give the floor to His Excellency Mr. Morris Dukuly, Sr., Minister of State for Presidential Affairs of Liberia.

Mr. Dukuly (Liberia): On behalf of Her Excellency President Ellen Johnson Sirleaf, I welcome this opportunity to stand here this afternoon to express solidarity with you, members of the General Assembly, and the countries and people whom you represent. Our shared vision of a world liberated from the scourge of AIDS binds us to act collaboratively to provide leadership for our peoples as we face the challenge of containing the menace and impact of HIV/AIDS on our individual nations and peoples.

As members know, Liberia has only recently begun its journey of recovery after more than 14 years of civil conflict. Countries like Liberia that — regrettably and unfortunately — have travelled along the path of civil crisis understand and appreciate the

consequences of such conflicts for their societies and peoples. Like Liberia, such countries, whose human capital is threatened and sometimes decimated by HIV/AIDS, also understand and appreciate the effects that the disease has on their forward movement and socio-economic development.

HIV/AIDS, in the determination of the Government of Liberia, is the most ominous threat to human development in our time. My presence here this afternoon, representing the President, the Government and the people of Liberia, is to affirm our recognition of the collective danger that AIDS represents to all of us and to our nations and to call upon all to act urgently to deal with this threat to our collective security.

The Government of Liberia has initiated a number of actions in response to the epidemic of HIV/AIDS against the backdrop of our pre-war and post-war realities. We have a national AIDS control programme and a broad-based, multisectoral National AIDS Commission. To address other challenges, concerted action, with a new type of leadership, is being forged in Liberia.

We wish to reaffirm the commitment and resolve of the Government and the people of Liberia, under the leadership of President Ellen Johnson Sirleaf, to fight AIDS, which, as I have already indicated, is the greatest challenge of leadership of our generation. In our resolve to fight this battle, we must also seek to address two of the factors that underpin the spread of AIDS: poverty and material and moral deprivation.

The Government of Liberia remains committed to the 2001 Abuja Declaration, in which African heads of State and Government pledged 15 per cent of their annual budgets to improve the health sectors of their nations. In our Government's fiscal budget for 2006-2007 we have endeavoured to meet that goal, and we remain committed to do more in the future.

Ultimately, we see a nation that is free from the scourge of HIV/AIDS, tuberculosis and malaria. But we cannot achieve that goal alone. We need a new partnership that helps us to build on the small gains that we have already made in confronting this menace to our existence and productive capacity as a nation and to the international community.

I cannot conclude without saying a word of thanks to States Members of the United Nations for the investment that they have made in our country. The peace that we now enjoy and the new democratic environment in which we live have, in large measure, been created through international partnership, led by the United Nations military mission in Liberia. Thanks to you, fellow Members of the United Nations, Liberia is back. However, we continue to count on the solidarity of each of you — your leaders and countries — to help us to sustain the gains of peace and to confront and overcome the threat of HIV/AIDS.

The President: I give the floor to Her Excellency Ms. Annika Nilsson, Secretary of State, Ministry of Health and Social Affairs of Sweden.

Ms. Nilsson (Sweden): Since the adoption of the landmark Declaration of Commitment, 20 to 25 million people have become infected with HIV and 15 million people have died of AIDS. Even if some progress has been made, we have fallen short in our efforts to generate a sufficient response to the pandemic and to fully implement the Declaration of Commitment.

The excellent report by the Secretary-General shows clearly that a number of gaps must be filled and barriers removed. Our response to the pandemic requires us to have the courage also to address difficult issues.

We have to do more, and we must do it better and faster. We must acknowledge that the fight against HIV/AIDS will never be won with easy slogans. We must recognize that HIV/AIDS is something that we will continue to live with. The emergency response must be combined with long-term commitments.

Let me focus on a few important points. Silence and denial cause stigma and discrimination and undermine prevention, treatment and care efforts. Human rights efforts remain far too weak and fragmented. We need to strengthen and ensure compliance with human rights at large and ensure that policies, laws and regulations are in place.

Prevention is the key. Our preventive efforts must be built on evidence. They must be human-rights based and must fully recognize the complexity of the challenge ahead. Voluntary counselling and testing should also be a critical part of our efforts. The recent policy paper of the Joint United Nations Programme on HIV/AIDS (UNAIDS), "Intensifying HIV prevention", is a cornerstone for our continued efforts. But a good policy is not enough. Words must be transformed into deeds. That was the topic of a recent meeting in Stockholm organized by the Swedish Government, together with UNAIDS.

Comprehensive population-based prevention efforts must be the mainstay of our work. But we must also focus on vulnerable groups: men who have sex with men, men and women involved in prostitution, injecting and other drug users, prisoners; mobile populations, and migrant labourers and others who are difficult to reach with information. Those groups need to be specially targeted by prevention efforts in an empowering and non-discriminatory manner.

Poor people are the ones least equipped to cope with the effects of the epidemic. They carry the heaviest burden of AIDS, which also drives countries and people further into poverty. To reverse the spread of HIV, we need to address poverty.

A comprehensive and sustainable response is a must in the fight against HIV/AIDS, from prevention and testing to treatment and impact mitigation. The term "universal access" must refer to prevention, as well as to treatment. Without effective preventive strategies, universal access to treatment will be impossible to attain.

A long-term commitment and predictable financing for new, innovative strategies to develop an effective and safe vaccine and microbicides is another critical part of a comprehensive approach.

The sexual and reproductive health and rights of individuals have to be strengthened. The link between sexual and reproductive health and rights and the fight against HIV/AIDS is fundamental. Young people must have access to comprehensive sexuality education and to youth-friendly confidential sexual and reproductive health services. The promotion of male and female condom use must be a priority. We must ensure that women, girls, men and boys enjoy equal rights and opportunities. Women are key in the fight against the pandemic; they carry the main burden. We must acknowledge the gender-based power structure as a global problem and a critical barrier for preventive efforts. Many men and boys must change their views on masculinity, gender equality and sexuality.

Today, world leaders have gathered here in New York to reinforce our commitment to fighting the HIV/AIDS pandemic. We must show leadership to be able to go forward from here. We must commit more resources on a sustainable basis to meet the needs identified in the Secretary-General's report. We must acknowledge that the contributions of civil society actors, in particular people living with HIV/AIDS, are vital. We must fight all the harmful attitudes within our societies. Only then can we win the fight against the pandemic.

The President: I now give the floor to Her Excellency Mrs. Carmen Pignatelli, Secretary of State and Assistant to the Minister for Health of Portugal.

Mrs. Pignatelli (Portugal): Portugal aligns itself fully with the statement already delivered by the representative of Austria on behalf of the European Union. We would like to take this opportunity to touch upon some issues of particular relevance to our country.

Twenty-five years into the epidemic, the world possesses, for the first time ever, the means to begin to reverse the global epidemic. However, unprecedented global, regional and national willingness is crucial to achieving success.

Recognizing that an effective HIV response demands adequate financing to scale up and sustain prevention, treatment, care and support for those affected, Portugal has committed itself to contribute $5 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria for the period 2006-2007.

Portugal acknowledges that since the holding of the special session devoted to HIV/AIDS in 2001 many of the targets set for 2005 remain unmet in our country, and that monitoring and evaluating progress present a challenge that cannot be put off — and that is the remarkable role played by the former President of Portugal, Mr. Jorge Sampaio, in keeping HIV/AIDS on the national and international political agendas. We view his recent appointment as Special Envoy of the Secretary-General to Stop Tuberculosis as clear recognition of his commitment.

The Secretary-General's report on the progress made in prevention efforts (A/60/736) gives rise to special concerns. Numerous factors continue to hinder the implementation of evidence-based, cost-effective and non-judgmental prevention measures. HIV prevention programmes are failing to reach most at-risk populations, and remain inadequate for young people. Stigma and discrimination remain serious obstacles to HIV prevention, and HIV responses are insufficiently grounded in the promotion and protection of human rights.

In the case of Portugal — which, in the European context, faces a significant AIDS problem, with one of highest HIV incidence rates — I would like to highlight some important political measures that have contributed to reversing the incidence of new HIV infections

among injecting drug users, as well as to address other issues that affect other most-vulnerable populations.

Those measures include a national syringe-exchange programme that has been in place since 1994; automatic approval of new drugs since 1996; the 2001 decriminalization act regarding drug consumption; providing access to health care services for legal and illegal immigrants; and the recent appointment of a group of experts to address public health concerns in prisons.

In addition, evidence in our country has shown that special attention to the health and rights of women is the cornerstone of achieving the highest attainable standard of health. That has led to the reduction of mother-to-child transmission of HIV to almost undetectable levels, including in our large community of both legal and illegal immigrants.

Portugal reiterates its support for the Declaration of Commitment (resolution S-26/2, annex). We reaffirm our commitment and political leadership at the highest level to bring about its full implementation, in partnership with civil society, people living with HIV/AIDS and the private sector. That renewed commitment must continue to lead our collective and individual efforts to fight the HIV/AIDS pandemic and contribute to keeping AIDS at the top of the international political agenda as a humanitarian issue and a serious threat to security and to the economic and social development of many countries and regions.

The President: I now give the floor to His Excellency Mr. José Mendoza Gracés, Deputy Minister for Health and Social Development of the Bolivarian Republic of Venezuela.

Mr. Mendoza Gracés (Bolivarian Republic of Venezuela) (*spoke in Spanish*): The Bolivarian Republic of Venezuela endorses the statement made by the Minister for Health of Guyana on behalf of the Rio Group.

The global fight against the HIV/AIDS pandemic symbolically expresses the progress and challenges of our planet in the light of its social problems and indicates the great contradictions faced by Governments. If we cannot overcome those contradictions, our own peoples will bypass their leaders and stake out the way forward, as they are doing today throughout the world — particularly in our Latin America, a region that has been unjustly excluded from existing international cooperation bodies for the financing necessary to address this grave problem.

Five years ago, the countries represented in the United Nations established crucial agreements for humanity aimed at making progress in halting the pandemic and improving the quality of life for those living with HIV. However, the progress that has unquestionably been made to date is now being threatened for various reasons.

The fight against HIV/AIDS will be neither successful nor sustainable if it is not part of an overall strategy to improve the health and quality of life of all people, particularly the most impoverished.

In our country, the Bolivarian revolution has set in motion a social policy that is unprecedented in our history. From a social policy in the 1990s focused on small groups and based on pilot projects that, like a form of window dressing, sought to blunt the impact of neo-liberal policies — while the all-powerful market was responsible for distributing wealth that, by osmosis, would reach the social sectors who were least fortunate and excluded from development — we have progressed to the massive and accelerated strategies of our social missions, which have enabled our people to make spectacular gains in meeting their social needs.

That progress is enabling us to swiftly attain the most complex and important objective of any social policy: reducing the gaps and inequalities that have historically afflicted our peoples. Only thus can we truly achieve universal access to prevention, education and treatment that will enable us to halt the HIV/AIDS pandemic in the coming years, because it is impossible for people affected by inequality, social exclusion and exploitation and kept in ignorance to put an end to any of the social evils from which they suffer.

One inequality is particularly serious for efforts to halt this pandemic. It is gender inequality, which makes young and poor women those who are most threatened today by the spreading of this grave problem. Transferring real power to women and expanding access to control measures handled directly by women — such as female condoms and microbicides — are fundamental. The struggle against ethnic inequality and the fight against vertical transmission, to protect children, are also basic priorities. In our country, the rate of vertical mother-to-child transmission is zero.

It is also important to highlight the continuation of the fight against discrimination and stereotyping. Governments must ensure social justice and the human rights of the most vulnerable groups, including men

who have sex with men, lesbians, the transgendered, sex workers, prisoners and intravenous drug users.

It is particularly important that we refer to universal access to antiretroviral therapy. Today, sectors that seek to change the course charted by countries under similar circumstances in past years seek to relegate this fundamental goal of our peoples to second place, giving intellectual property rights priority over the right to life. In the Bolivarian Republic of Venezuela, free antiretroviral therapy is guaranteed for 100 per cent of those who need it.

We take this opportunity to categorically refute estimated data on our country published by the Joint United Nations Programme on HIV/AIDS that indicate, for example, that only 4 per cent of our pregnant women living with HIV receive antiretroviral therapy and that 32 per cent of our people live on less than $2 per day. We reaffirm that 100 per cent of our population — including women living with HIV, whether or not they are pregnant — have free access to antiretroviral therapy and that our country's social policies produce a general income for the majority of our population that cannot be measured with methodologies based solely on monetary wage income. The income represented by social missions is not taken into account when monetary income is viewed as the only variable in measuring a country's social progress.

The world cannot continue to shirk its responsibility, given the social inequalities that result in the fact that more than 90 per cent of all HIV/AIDS cases are reported in the least developed countries. In the majority of those countries, only one out of every five persons living with HIV has access to antiretroviral treatment. It is a crime that, in practical terms, poverty, illiteracy, lack of access to health care and potable water, malnutrition, et cetera, prevent the poorest regions from gaining access to any preventive or educational policy to fight HIV/AIDS or any other general public health problem.

In order to achieve the Millennium Development Goal of halting the spread of HIV/AIDS, Governments must act in a logical manner and not try to argue that the goal of guaranteeing universal access to treatment before 2015 is unrealistic. That goal is not only realistic, but necessary and essential. If the country that is the greatest defender of the interests of multinational drug manufacturers, which abuse intellectual property rights, is not interested in guaranteeing universal access to treatment for its own people, what sincere cooperation can the world's poor expect from that nation to overcome their poverty?

That is why, from the south of the American continent, from the homeland of Bolívar and Sucre, we appeal to the world's peoples to promote cooperation mechanisms that are based on humanism and not commercial profit, such as the initiative developed by the Bolivarian Republic of Venezuela with Cuba and Bolivia: the Bolivarian Alternative for the Americas — ALBA — which daily gathers strength from our people to confront our great evils, such as the HIV/AIDS pandemic.

The President: Before calling on the next speaker, I should like to inform the Assembly that there are still many speakers remaining on my list for this evening. I would therefore once again urgently appeal to participants to limit their statements to the suggested three-minute time limit.

I now give the floor to His Excellency Mr. Alexander Belonog, Vice-Minister of Health and Head of the State Sanitation Department of Kazakhstan.

Mr. Belonog (Kazakhstan) (*spoke in Russian*): The AIDS epidemic has become a major problem with an enormous negative impact on economic development and our attainment of the Millennium Development Goals. Faced with that threat, antiretroviral therapy, prevention and fighting the stigma attached to people living with HIV must become priority items on the global agenda and be resolved.

We must recognize that the international community's efforts to prevent AIDS are inadequate. The epidemic continues to outpace global efforts to combat it. In our opinion, equal partnership between developing and developed countries and international and local non-governmental organizations, as well as the involvement of civil society, are key elements of the successful fight against AIDS. International cooperation in combating AIDS should be strategic and better coordinated. We believe that the "three ones" principles should form the basis of future policies and programmes pursued by Governments and international organizations.

The full realization of targets set out in the Declaration of Commitment to HIV/AIDS and the attainment of the Millennium Development Goals largely depend on the sustainable financing of HIV/AIDS programmes and projects.

The Government of Kazakhstan takes a multisectoral approach to curbing the epidemic at the national level. An interdepartmental commission on HIV/AIDS has been established in Kazakhstan that also involves international and non-governmental organizations. Kazakhstan has been implementing a national programme to combat HIV/AIDS and improving its legislative framework, which is being adapted to international standards, as set out in the 2001 Declaration of Commitment. Work is under way to deliver substitution therapy to drug addicts.

Closer cooperation with non-governmental organizations to halt the spread of HIV remains a priority for the Government of Kazakhstan.

Despite the national measures that have been adopted, the infection continues to spread in new forms. Today, HIV/AIDS tends to spread not only among injecting drug users, but also among other population groups. We face the problem of the feminization of HIV infections and growing vertical mother-to-child HIV transmission.

Fighting stigma and discrimination, respect for human rights, the provision of medical care, the treatment of AIDS-related diseases, social protection of people living with HIV and their full participation in social and productive life remain priority targets.

The Government of Kazakhstan is most grateful to the Joint United Nations Programme on HIV/AIDS, the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, UNICEF, other entities of the United Nations system and international funds that have participated in anti-AIDS projects in our country. We look forward to further fruitful cooperation with them in the twenty-first century in the fight against the epidemic.

The high level of this meeting and its impressive list of speakers indicate that the international community is well aware of the importance of strengthening our common efforts to combat the HIV/AIDS epidemic. We will be in a position to reverse the pandemic only by joining our forces. The declaration to be adopted at the end of this meeting should reaffirm our commitment to fighting HIV/AIDS and our determination to attain the Millennium Development Goals and to fulfil other international declarations in that field.

The President: I now call on His Excellency Mr. Andrzej Wojtyla, Vice-Minister of Health of Poland.

Mr. Wojtyla (Poland): Poland fully aligns itself with the statement delivered by the representative of Austria on behalf of the European Union presidency.

On behalf of the Polish delegation, let me express our appreciation to the United Nations for convening this extremely important meeting aimed at reviewing the implementation of the Declaration of Commitment on HIV/AIDS adopted by the General Assembly five years ago.

The Declaration of Commitment is a significant international document of the highest value. It gave us all great hope and raised high expectations. Today, due to the mobilization of means and the efforts of numerous people and institutions from all around the world, we can recognize and welcome the positive results of that commitment. However, there is still a long way to go for all of us.

I would like to underline the importance to Poland of seeing such a large number of non-governmental organizations and civil society representatives participating in this meeting. We need to pay tribute to them for their outstanding contribution to our common efforts. In Poland, more than 50 organizations and structures take part in preventive and educational activities on HIV, contributing very effectively to that end. Their activities very often transcend Poland's borders. Let me emphasize that cooperation between the governmental and non-governmental sectors was established in our country at the very beginning of the HIV/AIDS epidemic 25 years ago.

Poland, a country of 38 million people and a member of the European Union, registered this year its 10,000th case of HIV infection, and it is estimated that 20,000 more people live unknowingly with the virus.

The institutional system established in our country guarantees the continuity of financing of both preventive actions and antiretroviral therapy. In accordance with the "three ones" principles, whose promotion Poland very much welcomes, since 1996 a multisectoral programme to combat HIV/AIDS has been run and coordinated by the National AIDS Centre, a governmental structure under the auspices of the Minister of Health. It is an interdisciplinary programme adopted by the Council of Ministers and

implemented at all administrative levels. Non-governmental organizations and associations of people living with HIV/AIDS play a substantial part in extending and further developing it. The Polish national policy on HIV/AIDS is based on the primacy of inherent human dignity and respect for human rights, and provides a better quality of life for people living with HIV/AIDS, as well as a higher social awareness of the issue.

In any assessment of the progress made in the implementation of the Declaration of Commitment, one of the principal topics is access to therapy and complete monitoring for all people in need.

Antiretroviral therapy has been supplied and administered in our country since 1996. All patients with medical prescriptions, including incarcerated people and those using intravenous drugs, have access to antiretroviral therapy free of charge. Since 2001, the number of patients on antiretroviral therapy has increased by 100 per cent and 2,700 people now receive antiretroviral drugs free of charge, including in post-exposure procedures. During the past five years, the financing of antiretroviral therapy from the Minister of Health's budget amounted to about €100 million. It is worth stressing that thanks, to the strict prevention of mother-to-child transmissions, the rate of that form of HIV transmission has decreased 30-fold since 1989 and is now less than 1 per cent.

Apart from that, multimedia campaigns are being organized in Poland as part of social education. They promote not only knowledge about HIV/AIDS, but also social attitudes to HIV testing on a voluntary basis. Consulting and diagnostic centres located all over the country offer the possibility of anonymous and free HIV testing, with pre- and post-testing counselling. Each year, the number of people who want to know their serological status and use that service increases by 20 per cent; in the year 2005, 15,000 people were tested for HIV on a voluntary basis.

It should also be stressed that international cooperation on HIV/AIDS has significantly intensified within the past five years. The National AIDS Centre and non-governmental organizations are taking part in the implementation of an increasing number of projects in other countries, especially our neighbours, sharing Polish best practices and experiences based on our national HIV/AIDS strategy.

Despite the progress made in our country in the past five years, we are fully aware of our needs and the challenges that Poland still faces. Preventive actions, especially those targeting youth, as well as the financing of those actions have to be increased and intensified. Harm-reduction programmes and substitution therapy have been provided in Poland since 1997; nevertheless, approximately 700 people receive methadone, so that the number of available methadone projects is to be increased as well.

The implementation of the Declaration of Commitment has brought Poland, as well as the whole world, quantifiable and tangible benefits that are especially visible through the decrease in the negative impact of the pandemic. But we still have to remember that, throughout the world, thousands of people are dying and children are being orphaned due to HIV/AIDS. Discrimination based on serological status is still a huge problem.

The international community has to continue its efforts aimed at combating HIV/AIDS, with a focus on the protection of human rights and respect for the dignity of all infected persons. I am confident that this meeting will further contribute to our common efforts to make the best use of the opportunities we have and let us pave the way to an HIV-free generation to come.

Once again, I declare the full readiness of Poland to continue sharing of its best practices and experiences with those who are most in need and to contribute to the global HIV/AIDS response.

The President: I give the floor to His Excellency Mr. Wang Longde, Vice-Minister of Health of China.

Mr. Wang Longde (China) (*spoke in Chinese*): The special session of the General Assembly on HIV/AIDS held here five years ago adopted the Declaration of Commitment on HIV/AIDS and has played an important role in focussing global attention on HIV/AIDS and in coordinating and enhancing global HIV/AIDS prevention and control efforts.

In the past five years, the Chinese Government has taken a series of proactive measures to fight the HIV/AIDS epidemic. The budget earmarked for HIV/AIDS by the central Government increased from 100 million yuan renminbi three years ago to 800 million yuan renminbi in 2005. Free antiretroviral treatment, free prevention of mother-to-child transmission, and free voluntary counselling and

testing services are widely available. Condom use is promoted, and methadone maintenance programmes and clean-needle-exchange programmes have been accelerated. Public awareness of HIV/AIDS has been greatly enhanced, and programmes to provide financial assistance to people living with HIV/AIDS and free schooling for HIV/AIDS orphans are being gradually put in place.

Non-governmental organizations are also playing an increasingly important role, and exchanges and cooperation with the international community are being continuously strengthened.

As a Government with a strong sense of responsibility for the health of its people, we will intensify our work and focus on the following areas.

First, we will fully implement the HIV/AIDS prevention and control regulations and the Action Plan for HIV/AIDS Containment, Prevention and Control in China for the period 2006-2010. Governments at various levels will be establishing HIV/AIDS prevention and control systems and incorporating HIV/AIDS control into national economic and social development programmes.

Secondly, efforts will be made to further disseminate knowledge about HIV/AIDS, in particular health advocacy aimed at women and adolescents.

Thirdly, China will fully implement the "Four Frees and One Care" policy, protect the legal rights of people living with HIV/AIDS, and fight against social discrimination.

Fourthly, we will provide interventions such as condom promotion and methadone maintenance programmes to high-risk populations, and we will do everything in our power to make effective intervention measures available to all high-risk and migrant populations by 2010.

Fifthly, China will engage in active international cooperation and give full play to the role of non-governmental organizations.

The Chinese Government will continue to participate in the international fight against HIV/AIDS and fulfil its responsibilities and obligations, contributing our part to the achievement of the goal of controlling HIV/AIDS at the global level.

The President: I now call on Her Excellency Mrs. Rano Abdurakhmanova, Head of the Health Department of the Executive Office of the President of Tajikistan.

Mrs. Abdurakhmanova (Tajikistan) (*spoke in Russian*): Allow me at the outset to thank the United Nations and its agencies for providing leadership on this issue and for their contribution to the fight against HIV/AIDS.

In 2001, at the special session of the General Assembly on this major global issue, we all adopted the Declaration of Commitment on HIV/AIDS, which set forth specific measures to combat the epidemic. Today's meeting gives us a unique opportunity to map out our future route to attain our common goal of stopping the spread of AIDS by 2015.

Today, the problem of AIDS is on a par with other global threats, such as the use of nuclear weapons, international terrorism and drug trafficking. Unfortunately, the HIV/AIDS epidemic is threatening the people of my country, too, who face a variety of difficulties. We are truly alarmed by the current rate of the infection's spread. Over the past three years, the number of persons infected by HIV has increased six-fold over that of earlier years.

In our view, the main factors responsible for the spread of the disease in Tajikistan are drug abuse, inadequate information available to the population on HIV/AIDS issues, and insufficient access to HIV prevention, particularly among vulnerable groups.

Since the Republic of Tajikistan, along with the other 189 countries of the world community, adopted the Declaration of Commitment on HIV/AIDS in 2001, we have had some success in our HIV/AIDS programme. We developed a national strategic plan for the years 2002 to 2005. We have now begun work on a strategic plan for the period ending in 2010, based on improved access for our people to prevention, treatment, care and support. The plan is closely related to the national strategy for achieving the Millennium Development Goals.

Our coverage for vulnerable groups is inadequate, access to prevention programmes is limited, and medical equipment and services are lacking, all of which may prevent us from attaining our goals.

And yet, it must also be recalled that AIDS is not just a medical problem; it affects all aspects of social life. AIDS is a social problem and we must demonstrate political will if we are to solve it. We must

promote sustainable economic development, respect gender equity, improve literacy, enhance law and order and the legislative bases in our States, and preserve our cultural values.

The President: I now call on His Excellency Mr. Mya Oo, Vice-Minister of Health of Myanmar.

Mr. Mya Oo (Myanmar): Allow me first and foremost to express our appreciation to President Eliasson for having convened and for presiding over this very important meeting at this very significant crossroads. We are gathered here this week to review the progress we have made and the challenges we have faced in our fight against AIDS, a common enemy that poses a threat to the development of humankind.

Myanmar, a South-east Asian country, has a population of 54 million, of which 70 per cent resides in rural areas. HIV/AIDS is one of three diseases of national concern. We have been fighting HIV/AIDS since 1980 with full political commitment and in partnership with the United Nations agencies and the non-governmental organizations, along with community involvement.

The joint programme of the United Nations extended Theme Group, consisting of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the national AIDS programme and non-governmental organizations, was developed in the period 2003-2005 to scale up the national response, with the assistance of the Fund for HIV/AIDS in Myanmar. We are also collaborating with the countries of the region through the Asian Task Force on AIDS and the Greater Mekong Region disease surveillance network. Due to the concerted and collaborative efforts of our partners, surveillance data are showing a steady decline in HIV prevalence starting in the year 2000 in most key population groups in Myanmar. However, there is still substantial room for intensifying and enhancing the effectiveness of preventive measures.

According to a Knowledge, Attitudes and Beliefs (KAB) study carried out in 2005, there has also been a significant improvement in knowledge and attitudes about HIV among the general population, including among young people, and also as concerns condom use in high-risk-behaviour groups compared to previous years.

A total of 35 million condoms had been distributed by the National AIDS Programme and 13 partners by the end of 2005. We aim to reach the benchmark of 54 million condoms annually for the entire country.

There is also a declining trend in the prevalence of HIV infection among injecting drug users, from 62.8 per cent in 1992 to 34.4 per cent in 2004. Those achievements are due to the dedicated efforts of the Central Committee for Drug Abuse Control, the Ministry of Health, UNAIDS and non-governmental organizations within the framework of the 15-year National Narcotics Elimination Plan (1999-2013).

As regards antiretroviral treatment, Myanmar is committed to achieving universal, or at least near-universal access, by 2010. At present, only one in 20 patients needing antiretrovirals is actually receiving such treatment. That makes clear the fact that there is a wide gap between the need for antiretrovirals and the availability of resources.

We also have to scale up voluntary counselling and confidential testing, as that provides an opportunity for antiretroviral treatment and the prevention of mother-to-child transmission.

Scaling up the response to the HIV/AIDS pandemic requires additional domestic and external resources. The mobilization of resources for HIV/AIDS in Myanmar has improved in past years. However, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria unilaterally and abruptly terminated its grants to Myanmar in August 2005. The Fund's phasing-out activities will be completed by August 2006.

At present, the Ministry of Health, the United Nations system and its partners as well as other donors are working together to create alternative funding mechanisms for the three diseases I mentioned — HIV/AIDS, tuberculosis and malaria. The fight against the threat and impact of HIV/AIDS is one of the most important challenges facing the international community today. No country or society can ignore or is immune to this scourge, which has become a pandemic.

In conclusion, I would like to reiterate the fact that Myanmar is committing to fighting the HIV/AIDS epidemic with all the resources available to it. I am confident that, with the concerted efforts of all global stakeholders, we will achieve the 2010 targets set out in the General Assembly Declaration of Commitment

on HIV/AIDS as well as Millennium Development Goal 6.

The President: I now give the floor to His Excellency Mr. Hasan Bin Mohammed Al-Attas, Deputy Minister for Health of Saudi Arabia.

Mr. Al-Attas (Saudi Arabia) (*spoke in Arabic*): On behalf of my delegation, I should like to thank the President of the General Assembly and the members of the Bureau. I believe that, under his leadership, and with experience and skills, our work will be successful.

Today, the world is beginning to understand the great danger of HIV/AIDS. The epidemic is one of the main causes of premature death among people between the ages of 15 and 59. Although it still is in its early stages, it has spread quickly throughout the world and has hampered human and economic development and now poses a threat to our efforts to combat poverty, a threat to childhood, and a threat to achieving development. Accordingly, we all have to work together on all levels in combating the epidemic.

Governments must exercise their responsibilities at the national level, while at the international level donors must provide financial assistance to efforts to combat HIV/AIDS, particularly in low-income countries. That financial assistance must be maintained over a number of years. Civil society, including people living with HIV, must also be involved. Everyone must be involved in anti-AIDS programmes. International organizations and United Nations agencies must also do their utmost to ensure that developing countries are able to wage national campaigns effectively in order to eradicate the disease.

The Kingdom of Saudi Arabia attaches great importance to that issue. On the national level, we have many programmes, particularly in the area of blood transfusion, awareness, medical supervision and treatment, and work closely with national, regional and international organizations. We recognize all the human rights of people living with HIV or AIDS and practice non-discrimination against them. We have every respect for the cultural specificities of our societies and religion, working with the public and private sectors alike.

The Government of Saudi Arabia attaches special importance to supporting our health care sector nationally and internationally. We have built more than 77 hospitals and 54 health centres in several developing countries. We also support the Global Fund to Fight AIDS, Tuberculosis and Malaria, to which we have contributed $10 million, the last payment of which will be made in September 2006.

We have great hopes for this High-level Plenary Meeting, and expect that decisions taken at its outcome will be strong enough to ensure implementation of the goals of the 2001 Declaration. I am happy to affirm that the Government of Saudi Arabia will offer an additional $10 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria. That contribution will be made in several payments, as before.

It is my hope that this Meeting will prove to be a success.

The President: I will now give the floor to Mr. Bakhtiyor Niyozmatov, Deputy Minister of Health of the Republic of Uzbekistan.

Mr. Niyozmatov (Uzbekistan) (*spoke in Russian*): Safeguarding the health of the population has been and continues to be one of the priorities of Uzbekistan's State policy. Indeed, the Government attaches the utmost importance to health-care issues. The President of Uzbekistan, Mr. Islam Karimov, proclaimed the year 2005 "The Year of Health" and 2006 "The Year of Charity and Medical Workers". That has significantly galvanized national health-care activities, including in the field of the prevention of infectious and non-infectious diseases.

Uzbekistan is the most populous country in Central Asia. Another of its characteristics is its non-standard demographic structure. Children under the age of 15 and teenagers under the age of 18 constitute more than 45 per cent of its total population.

Over the past few years the country has been stable epidemiologically with respect to many infectious diseases. However, in recent years the problem of HIV/AIDS has been a source of concern. The first cases of HIV/AIDS were registered in Uzbekistan in 1987.

HIV is being spread primarily by unsterilized injection, accounting for 59.8 per cent of total cases.

The Government of Uzbekistan is engaged in efforts to stem the spread of AIDS. We note Uzbekistan's long and fruitful cooperation with the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS),

UNICEF, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, the United States Centers for Disease Control and Prevention and other organizations. In that regard, since 2005, Uzbekistan has undertaken a number of projects financed by the Global Fund.

The Republic offers pre- and post-assessment medical consultations for pregnant women, during which they receive information about the possibility of giving birth to an infected child. In line with normal practice in our country, pregnancy can be discontinued with consent of the pregnant woman. HIV/AIDS continues to spread among groups engaging in high-risk behaviours, such as intravenous drug users, commercial sex workers, primarily through unsterilized injection.

The Republic of Uzbekistan, like other States Members of the United Nations, is firmly committed to carrying out a national programme of preventive measures against HIV/AIDS within the framework of three main principles set forth by the United Nations: a unified national HIV/AIDS strategy, a single coordinated mechanism for dealing with the disease, and a standard system for monitoring and evaluating HIV/AIDS-related activities. With the support of the Government and donor organizations, the country has established 206 so-called trust rooms for intravenous drug users and 30 so-called friendly facilities for treatment of sexually transmitted diseases.

Our efforts to step up the fight against HIV/AIDS have enabled us to enhance the effectiveness of cooperation in planning and carrying out HIV/AIDS programmes. One result of these efforts is a national road map towards guaranteed access to HIV/AIDS prevention and treatment. Through our common efforts, with the support of non-governmental and international organizations, the Republic is doing a great deal to prevent an HIV/AIDS epidemic. Among our current goals are the following: to establish second-generation epidemiological monitoring; to enhance the scientific and technological capacity of our regional HIV centres; to implement a post-infection HIV treatment programme; to diagnose and pre-treat co-infections; and to create a package of social services and assistance for people infected with HIV/AIDS.

The President: I now call on His Excellency Mr. José Van-Dúnem, Vice-Minister of Health of Angola.

Mr. Van-Dúnem (Angola): It is with great honour and satisfaction that I take the floor on behalf of the President of the Republic of Angola and the President of the National Commission on AIDS and Communicable Diseases, Mr. José Eduardo dos Santos, and also on behalf of the Angolan Government. I would like to congratulate the President of the General Assembly on the manner in which he has been conducting our work. His personal endeavours have largely contributed to the results so far achieved at this session.

Allow me also to congratulate the Secretary-General for his report, which mirrors the activities carried out by Member States throughout the past five years.

My delegation fully supports the statement made by Denis Sassou Nguesso, President of the Republic of the Congo, in his capacity as Chairman of the African Union.

HIV/AIDS long ago ceased to be a problem bound to specific sectors, becoming a problem that affects all humanity and requires greater efforts from the international community, as well as accountability for the strategies and the results so far reached. For that reason, this moment constitutes a singular opportunity to evaluate the commitments contained in the 2001 Declaration of Commitment on HIV/AIDS. I would therefore like to stress the progress we have achieved in the past five years, which has resulted from a set of global and regional initiatives and actions seeking to share resources and knowledge.

In that perspective, I commend the commitment of the Joint United Nations Programme on HIV/AIDS and the African Union, especially concerning the technical cooperation and coordination of efforts it has managed to establish among its member States. I would also like to highlight the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which was a significant step in reducing mortality rates and facilitating access to global care, with an emphasis on treatment, while overcoming some barriers imposed by poverty and social inequalities.

In 2004 and 2005, the Ministry of Health, in partnership with the National Programme for the Fight Against AIDS, the Centers for Disease Control and the World Health Organization, conducted a national survey of the HIV status of pregnant women who attended prenatal care, which revealed a rate of 2.7-2.8 per cent of HIV positivity, varying from 10.7 per cent in the province of Kunene to 0.8 per cent in the

province of Bie. The most heavily affected group were women between the ages of 15 and 29. According to those statistics, the evolution of the AIDS pandemic requires an urgent multisectoral response that aims for a fast and effective effort to deal with the current dimensions of the pandemic.

In that connection, in 2003 we approved and initiated the implementation of the national strategic plan for 2003-2008, starting with the implementation of a programme to cut vertical transmission and allow HIV-positive mothers to give birth to healthy children, and with access to antiretroviral treatment for parents. In 2004, we proceeded to the creation of the National Center for Reference and Treatment — the Hope Hospital — and in 2005 we created the National Institute for the Fight Against AIDS, which has had a definitive influence on the fight against the disease in Angola, extending treatment with antiretroviral medicine to 11 of the 18 provinces of the country.

Although joint HIV programmes in Africa have improved health care coverage, including prevention and access to medicines for vulnerable people affected by the pandemic, the response is still in its early phases. That compels us to appeal to the pharmaceutical industry to drop the prices of antiretroviral medicine, including new formulas still in research, in order to reach universal access by the year 2010, as well as financing for vaccine research.

To conclude, I reaffirm that this is a moment of trust and hope as we glimpse the possibility of changing a reality that still seems so bleak to all of us; but it is also a moment of many challenges caused by the growing need to fight that pathology, which has the greatest social and economic impact on the nations of the African continent, particularly those of sub-Saharan Africa.

United, we will be able to overcome the challenge in order to duly respond to the appeals launched at this meeting by civil society, the private sector and people living with AIDS, who call for concrete actions commensurate with the political declaration to be adopted by this Assembly, which my delegation supports.

The President: I now give the floor to Her Excellency Ms. Lidieth Carballo Quesada, Vice-Minister of Health of Costa Rica.

Ms. Quesada (Costa Rica) (*spoke in Spanish*): My delegation fully associates itself with the statement delivered by The Honourable Leslie Ramsammy, Minister of Health of the Republic of Guyana, on behalf of the Rio Group. I shall therefore limit my statement to a number of matters of particular concern to my country.

Costa Rica is a country which has historically stood out for its respect for human rights through concrete actions. The first cases of AIDS in the country were reported in the early 1980s. According to the classification of the Joint United Nations Programme on HIV/AIDS (UNAIDS), this is considered a concentrated and low-prevalence epidemic. Its frequency is higher in the male population, among those between the ages of 30 and 54, with a rising trend in both the adolescent and female populations, with a ratio of 5.4 males to each female. Most cases have been detected in urban areas, particularly in metropolitan areas.

Our country's work on this issue is coordinated across sectors and institutions. Thus, the Government, civil society and cooperation agencies pool their efforts to offer the services needed by people living with HIV/AIDS, within the framework of the country's international commitments such as the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the "three ones" for guaranteeing the "four Ps". Since September 1997, Costa Rica has guaranteed antiretroviral treatment to 100 per cent of the population requiring it. Furthermore, efforts are undertaken to provide comprehensive care to persons with HIV/AIDS and their families, and to strengthen promotion and health education programmes.

Among the most significant advances, I would like to mention the following: the promulgation of the General Law on HIV/AIDS of April 1998, which protects the rights of people living with HIV/AIDS; the creation of the National Council of Comprehensive HIV/AIDS Care, the governing body for national policy and action on HIV/AIDS issues; and the formulation of our second national strategic plan for HIV/AIDS care, which is the framework that guides actions in education, health promotion, prevention, epidemiological vigilance, clinical care and HIV/AIDS research.

We have been able also to improve HIV/AIDS prevention by working together with the police corps

of the Public Safety Ministry, young people, and populations at risk. Currently, a communication campaign is being developed with the support of the Global Fund. We are also strengthening the epidemiological alertness system and our capacity to analyse HIV serological samples. We are developing HIV/AIDS education and prevention projects among vulnerable groups and the population in general on issues such as ending discrimination, methods of prevention and testing during pregnancy. We have undertaken those actions in coordination with civil society and agencies and organizations of international cooperation. We emphasize the necessity of counting on this support so that there is no discrimination in access to resources.

Like many other countries, Costa Rica has made innumerable efforts to make advances in the areas of education and prevention, with an emphasis on the most vulnerable groups, using a gender perspective, and advocating comprehensive sexual and reproductive health. It is not enough to treat the sick: we must help our citizens to take the right decisions and enable them, inter alia, to confront discrimination, promote and defend their human rights and diminish transmission through sexual contact, intravenous drug use and vertical transmission. We recognize the importance of migratory flows, both for countries of origin and of destination, and it is worth stressing their impact on issues of HIV/AIDS prevention and treatment, particularly in developing countries, such as Costa Rica, where we guarantee universal access to health services to all our inhabitants without discrimination. Thus, we reiterate that international, bilateral and multilateral cooperation is a fundamental pillar in achieving the goals of universal access to comprehensive care with equity and solidarity.

We know that the challenge is great. But we are confident that, through our endeavours, civil society participation and international cooperation and support, we will achieve the Millennium Development Goals, which we adopted as an international commitment.

The President: I now call on His Excellency The Honourable Mr. Wilfred Machage, Vice-Minister of Health of Kenya.

Mr. Machage (Kenya): HIV/AIDS continues to be of major concern to the Government of Kenya. Currently, 1.2 million adults and 100,000 children are living with AIDS. The Kenya Government has taken the fight against HIV/AIDS seriously, due to its devastating impact on the social, economic and development dimensions of the economy and communities. The efforts have enjoyed relative success, as noted in the current report of the Joint United Nations Programme on HIV/AIDS on the global aids epidemic. Some of the areas in which significant progress has been made include the reduction of the HIV prevalence rate from 14 per cent in 2001 to 6.1 per cent in 2004.

In spite of the progress highlighted above, we still face enormous challenges in our fight against the scourge. Notable among the challenges are financing for a scale-up of HIV/AIDS responses and human resources. HIV/AIDS response requires a critical mass of qualified health workers. Kenya needs an investment of about $50 million annually for five years to put in place a reasonable number of health workers able to deliver quality health care. The exodus of AIDS workers leaving for developed countries may require a mechanism for recipient countries to support the training of others in countries of origin. For example, for every health worker leaving, recipient countries should facilitate the training of at least three others. I note here that, significantly, such workers move to Europe and North America.

Other challenges we face include affordable commodities and low-cost technologies, and human rights, stigma and gender equity.

In conclusion, I would like to draw the attention of this gathering to some of the areas in which we feel that urgent follow-up needs to be taken.

First, the sustainability of HIV and AIDS funding is critical. Antiretroviral therapy is a lifelong commitment; therefore, people put on treatment should have access to drugs in a sustained way. Funding for prevention programmes should be enhanced, since prevention is the best way to fight HIV and AIDS.

Secondly, financial support for fighting HIV and AIDS should be provided in the form of grants, not loans.

Thirdly, Kenya and other low- and middle-income countries should be considered for debt relief without conditionalities, and the funds should be channelled to other priority areas, including the health sector, to fight HIV and AIDS.

The President: I now give the floor to His Excellency Mr. Nasr El-Sayed, First Under-Secretary

for Preventive and Endemic Affairs, Ministry of Health and Population of Egypt.

Mr. El-Sayed (Egypt) (*spoke in Arabic*): We are meeting today to continue to follow up the efforts undertaken by the international community since the 2001 adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex). This Meeting shows that there is participation at all levels aimed at the activating and coordinating our work with a view to dealing with the disease, which is extremely serious because of its political, social and economic consequences.

To date, AIDS has killed 25 million people, 5 million last year alone. The number of people infected with HIV is enormous, 65 million so far. Africa is the region most affected by the disease — indeed, it accounts for 64 per cent of all infections. The spread of the disease has resulted in a downturn in economic growth, to say nothing of the devastating human and social consequences of the scourge.

This is an historic moment, as we are reviewing what has been done over the past five years. Our efforts have been positive and significant, and there have certainly been great successes. However, the lack of funding is having cruel consequences. It is essential that we ensure funding nationally and internationally so that therapeutic and preventive programmes can be implemented.

The international community must also make every effort to ensure that medicines are affordable in those developing countries where the disease is raging. We also need to address what lies at the roots of the disease, including vulnerability, under development, hunger, ignorance, and poverty.

Egypt supports the international effort to fight the pandemic. We are honouring all of our international commitments, in particular those relating to the Millennium Development Goals and the objectives of the Declaration of Commitment. Our five-year plan, 2001-2005, stressed prevention. We also set up a hotline to help those who are infected. We have improved our blood transfusion services and launched a number of large-scale media campaigns to raise the awareness of citizens with regard to high-risk practices.

We have also made prevention a priority in the school curriculum. Antiretroviral treatment is being provided free to those who need it, and we are also providing psychological support for those infected and are setting up centres for awareness and counselling. We are working through the second five-year plan, 2006-2010, to increase the awareness of young people and are endeavouring to increase the role of women in prevention.

Our programme, which has been successful, has also helped us to stem the spread of the disease in Egypt. The number of people infected has decreased to less than 0.1 per cent among those between 20 and 40 years of age. Social and cultural attitudes in the Islamic and Arab world call for healthy sexual behaviour, including abstinence and fidelity. I believe that the Egyptian model provides an extremely good and solid basis for prevention. We will not be able to make further progress, however, without efforts at all levels, including by the Government and civil society, with the assistance and participation of the international community, because the fight that we are involved in is a collective endeavour.

In that context, Egypt has proposed an initiative to create an African centre in Cairo to provide medications, serums and vaccines to fight infectious diseases, among them HIV/AIDS and malaria. The African Union adopted that initiative at its 2005 Abuja summit. We hope that that will soon help to alleviate the suffering of the African people by facilitating the provision of generic medications at affordable prices.

The President: I now call on His Excellency Mr. Cihanser Erel, Deputy Under-Secretary of the Ministry of Health of Turkey.

Mr. Erel (Turkey): Turkey associates itself with the statement made by the representative of Austria on behalf of the European Union. Therefore, I will briefly touch upon a few additional points from our national perspective.

Although a low-prevalence country, Turkey, fully cognizant of its high percentage of youth, as well as vulnerable people and existing stigma in our society, has been formulating and implementing policies to mitigate the negative impacts of the global challenge and to scale up its efforts towards ensuring universal access to prevention and treatment. Moreover, we have ensured that people living with AIDS have rights equal to those of other diseased people in Turkey.

Our third National Strategic HIV/AIDS Action Plan constitutes an important achievement. It involves not only such main topics as human rights, prevention, treatment and sexual and reproductive health, but also care for people living with AIDS and second-generation surveillance of HIV/AIDS.

In addition to its national efforts to fight the global crisis, Turkey, within its limited resources, is also committed to providing financial assistance to the most affected countries and the relevant international organizations. In 2006, the Turkish Government decided to make voluntary contributions to the Global Fund and other United Nations funds dealing with HIV/AIDS.

We are fully aware that an important responsibility is incumbent upon national Governments. However, we must act together and increase our efforts to ensure effective cooperation and coordination at the global level in order to mitigate the enormous social and economic impact of the epidemic.

In that context, we are urgently addressing the increasing feminization aspects of the epidemic by taking the necessary measures to empower women and to ensure gender equality. We must ensure the involvement of all stakeholders in our national responses. We must find ways to increase the sustainability of financing for a scaled-up AIDS response. Turkey, for its part, is determined to continue to take the necessary national measures and to cooperate with the international community.

The President: I give the floor to His Excellency Dr. Mahmoud Fikri, Assistant Under-Secretary for Preventive Medicine, Ministry of Health of the United Arab Emirates.

Dr. Fikri (United Arab Emirates) (*spoke in Arabic*): I would like first to express the sincerest gratitude of the United Arab Emirates to the President of the General Assembly for his wise leadership of this important High-level Meeting. I would also like to express my appreciation to the Secretary-General and to United Nations agencies for their efforts to combat HIV/AIDS.

The recent international reports on the follow-up to the implementation of the targets set in the Declaration of Commitment on HIV/AIDS show that AIDS remains one of the greatest challenges currently facing global and national efforts aimed at sustainable development and the achievement of the Millennium Development Goals. As the reports make clear, AIDS continues to be a serious threat to international peace, stability and security. Since it was detected 25 years ago, HIV has infected more than 65 million people and caused the deaths of 25 million. It is now the leading cause of death among men and women aged 15 to 59.

The United Arab Emirates is deeply concerned about the speed at which HIV infection is spreading globally, particularly in developing countries, many of which suffer from extreme poverty, illiteracy and armed conflict. HIV has taken the lives of millions of workers and children and orphaned millions more, worsening economic and living conditions and perpetuating misery, deterioration and violence.

We stress the importance of redoubling global and regional efforts aimed at providing sufficient economic and social resources for developing countries, and of creating an environment that enables them to implement their national strategies to combat the disease and its effects. That could be achieved through global partnership and a commitment to implementing the recommendations and plans of action adopted at international conferences and summits on development, particularly those relating to the pledges made by the developed and donor countries to facilitate the flow of financial, technical and development assistance to developing and poor countries.

We also emphasize the need to facilitate access by developing and poor countries, according to their financial abilities, to the drugs needed to treat the disease. We affirm the importance of strengthening preventive measures, particularly those aimed at educating and controlling behaviours which contribute to the transmission of HIV.

HIV infection is not a national health problem in the United Arab Emirates. However, we join the rest of the world in its response to the pandemic and the efforts to limit its spread. The United Arab Emirates has been implementing a regional and national HIV response strategy since the disease was detected 25 years ago. It has succeeded, through a national AIDS control and prevention programme established by the Ministry of Health in 1985, in maintaining the rate of infection at the lowest level in the world and with no increase in it at all. According to the most recent report of the World Health Organization on HIV infections in the United Arab Emirates and neighbouring countries,

no new cases of infection have been recorded in our country since the programme was implemented.

The most important preventive measures taken by the national AIDS control and prevention programme, which focuses on monitoring and controlling its entry into the country, are, first, ending blood imports and relying on local voluntary donors, using the latest technologies in screening blood and human tissues and organs and carrying out comprehensive medical tests on blood donors and workers in blood banks and diagnostic laboratories. Secondly, we screen all patients in hospitals and maternity clinics, high school and university students, couples planning to marry, prisoners and drug addicts, in order to ensure early detection of infection and take the necessary measures towards it.

We believe that the national laws, which are founded on Islamic law, and social norms that forbid behaviour leading to the transmission of the disease, such as illegitimate sexual relations, trafficking in women and children and drug addiction, have greatly contributed to maintaining low levels of infection and controlling the disease in the country.

The State provides free medical care to those who are HIV-positive, as well as financial, psychological and social support for infected persons and their families. Government officials and civil society actors are working hard to enhance the awareness of citizens — especially young people and students — of HIV prevention through educational programmes and the public media.

In order to keep pace with the constant social changes taking place in the United Arab Emirates, the Government, in collaboration with the World Health Organization and Gulf Cooperation Council, is continuing to update and develop its national programme and to follow the latest developments in addressing this epidemic.

In conclusion, we hope that this meeting will mobilize international determination to support United Nations and national efforts to address the epidemic and to find definitive, viable solutions that will control the spread of the disease and eliminate it completely.

The President: I now call on Her Excellency Mrs. Wendy de Berger, chairperson of the delegation of Guatemala.

Mrs. De Berger (Guatemala) (*spoke in Spanish*): In September 2005, the world summit made a historic commitment to universal access to AIDS treatment, prevention, care and support.

I am pleased to report that Guatemala is advancing steadily on the road to universal access. In the five years since the adoption of the Declaration of Commitment on HIV/AIDS by the General Assembly, Guatemala has made major progress and is moving rapidly to ensure that access to essential HIV testing and treatment is available to every woman in prenatal care. We have a very strong network of non-governmental organizations, human rights organizations and people living with HIV, working with the most vulnerable populations to deliver effective HIV prevention programmes and embracing the struggle against AIDS-related stigma and discrimination. All such efforts are coordinated and supported by the Government through the Ministry of Health.

Over the past two years, Guatemala has doubled the number of people receiving antiretroviral therapy. Today, more than 5,500 Guatemalan men and women are receiving comprehensive treatment, chiefly through social security and public health systems, and with the assistance of our international partners, Médecins sans frontières and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Such commitments are genuine and have been backed with financial resources. The Government of Guatemala has multiplied its AIDS budget fourfold over the past two years. We recognize the need to increase the resources spent on AIDS, alongside the contributions made by our international partners.

Underlying our efforts is a public policy on sexually transmitted infections and AIDS, approved in December 2005, and a comprehensive national strategic AIDS plan for the period 2006-2010, both developed through a broad participatory process involving Government, civil society, people living with HIV/AIDS and our international partners. Together with all those diverse actors, we have sought to ensure the coherence of Guatemala's AIDS response so as to enhance the effectiveness of the money spent.

There is no doubt that Guatemala today is far better prepared to face the challenges of AIDS than it was five years ago. However, the challenges remain considerable. The reality of AIDS in Guatemala is changing. We are a pluricultural, multilingual and multiethnic society of great contrasts, with modern cities and deeply isolated rural hamlets where access is

difficult — a society where great wealth exists side by side with marked poverty. As we work to ensure universal access, we must recall that none of our populations has been spared the spread of AIDS. We need to find new ways to overcome the barriers of difference, inequality and distance.

Ten years ago, peace accords were signed in Guatemala that put an end to four decades of armed conflict. The promise of peace for all Guatemalans has been a promise to work together to contribute to and build a secure future together. That same effort must be deployed so that, together, Guatemalans can fight HIV. We must not allow AIDS to undermine that promise.

My delegation associates itself with the statement made by the Minister of Health of the Republic of Guyana on behalf of the Rio Group.

I am grateful for the opportunity to participate at this meeting of the General Assembly, at which an agreement has been reached on the draft political declaration on the fight against HIV/AIDS.

The President: I now give the floor to Mrs. Sandra Elisabeth Roelofs, First Lady and Special Envoy of the President of Georgia.

Mrs. Roelofs (Georgia): On behalf of the Georgian nation and its President, Mikheil Saakashvili, I would like to reaffirm our appreciation for the efforts of the United Nations in its role of enhancing the peace, prosperity and well-being of humankind.

In terms of HIV/AIDS, Georgia is a low-prevalence but simultaneously a high-risk country. It is the site of migration and transit flows, and it borders Ukraine and the Russian Federation, where the pandemic continues to take its toll. There are other factors, such as widespread intravenous drug use in Georgia, which give us reason for concern.

Thanks to our strongly committed Government, we have some good news as well. In the post-Soviet space, Georgia is the first country to have reached 100 per cent universal access to free-of-charge comprehensive treatment, including antiretroviral therapy, for all people living with HIV/AIDS. We have reached high standards of monitoring and have ensured universal access to voluntary counselling and testing and to paediatric treatment for the prevention of mother-to-child transmission. Very recently, we formulated a comprehensive and evidence-based road map within the scope of the Universal Access Initiative pledged by the Group of Eight and the 2005 world summit.

We know we should be alert and should coordinate domestic and international efforts to prevent the virus from spreading dramatically within the borders of our little Caucasian State. And that is why we have come to the world leaders participating in this meeting: to share and to learn. We have come to learn that it is a matter not only of raising funds to ensure sustainability but, at the same time, of spending them wisely, efficiently and with good management. I have come to learn from my counterparts, the First Ladies of Latin America and other regions, that one can form health partnerships and coalitions of women leaders, a challenge which I am eager to take up in the Eurasian region, bringing together the First Ladies and other leading women of Georgia, Armenia, Azerbaijan, Turkey, Moldova, Ukraine and the Russian Federation — and likely including the Baltic States as well, with which Georgia is in continuous close collaboration.

On the domestic level, I have been climbing — with my five-month-old baby — green hills and snow-peaked mountains to reach the mothers of Georgia, in the most remote areas, conducting frank talks on sexual and reproductive health, trying to break taboos on contraception, abortion and sexually transmitted diseases and reminding them of their personal share of responsibility in educating their children and making them health-conscious adolescents. All of this is thanks to the United Nations Population Fund, which was ready to support this initiative.

To secure behavioural change and make people say — as the Secretary-General, Mr. Kofi Annan, put it so well this morning — that "AIDS stops with me" (see A/60/PV.86), it helps to include highly committed high-profile men and women in the fight to achieve the targets set out in the Declaration of Commitment (resolution S-26/2, annex) and in general expressed in the Millennium Development Goals. That is exactly the reason why I was approached two years ago to chair the country coordination mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which is at the same time the single national AIDS coordinating authority in the country.

The Global Fund is financing up to 70 per cent of the HIV/AIDS response in Georgia and is guiding us on the path of strengthening our health system, connecting people and linking multisectoral health

challenges with issues such as stigmatization, anti-drug policies, palliative care and co-infection with yet another major killer, tuberculosis. On a monthly basis we bring together all players in the field of HIV/AIDS response: Government; international and non-governmental organizations, including self-support groups of those affected; and representatives of religious, academic and business circles. We welcome innovative financing initiatives such as the RED campaign brought about by the Global Fund. In Georgia, we do not have well known brands such as Armani, American Express and Motorola, but we can offer an off-the-chart RED product: high-quality Georgian red wine, which we call the freedom drink. And, as a Dutch national, I might also propose red roses or red tulips.

As a final remark, I would like to draw attention to the fact that right here, in the garden adjacent to the United Nations buildings, one can find an impressive statue by a well-known Georgian sculptor, given as a gift to the United Nations, depicting Saint George killing the dragon and symbolizing victory over evil. I am confident that, through common efforts, we will also win the battle against the pandemic.

The President: I wish the First Lady of Georgia well in socializing her five-month-old child to appreciate the real challenges ahead of us.

I now give the floor to Her Excellency Mrs. Xiomara Castro de Zelaya, First Lady of Honduras.

Mrs. Castro de Zelaya (Honduras) (*spoke in Spanish*): I wish, on behalf of the Government and the people of Honduras, to express our sincere thanks for the important work the United Nations has done, under the leadership of the Secretary-General, to mobilize Member States to exercise greater diligence in pooling their best efforts to confront the HIV/AIDS pandemic, which is one of the greatest challenges facing humanity today.

In 2001, the State of Honduras undertook to make significant progress in providing comprehensive health care coverage to its population in order to address the problem of HIV/AIDS. Because of that, we now have more health care centres and more laboratories. We have also seen greater progress in our programmes to prevent mother-to-child transmission of HIV. We owe that progress to action by civil society organizations, international partners, thousands of volunteer activists and, in particular, groups of those who are socially excluded. But daily reality confirms that these efforts have not been sufficient. The continuing spread of the pandemic weakens the optimism created by the progress we have achieved.

In the light of the tragedy of HIV/AIDS, our peoples do not wish to hear words that do not give rise to action. We are shocked by the individual tragedies of those suffering from the disease, but we choose conveniently to ignore the system of inequality that promotes the spread of the disease and its terrible economic and social consequences.

It is true that HIV/AIDS is not the only deadly disease that humanity faces with powerlessness, but it is the only disease linked to the public transmission, with impunity, of anti-values such as drug trafficking and consumption, alcoholism, promiscuous sexual behaviours leading to irresponsible parenthood, the abandonment of homes and the increasing feminization of the disease, caused by cultural patterns that make women sexual objects and sexuality a cold commodity.

Today, there are more women with HIV/AIDS than there were four years ago. That means that there will be more children infected with this disease in their mothers' wombs, more orphans and fractured families, and more violent rifts in communities that will fundamentally affect those young people, who, lacking a future and hope, will be left at the mercy of organized crime. That is why, at a special event yesterday, we made a vehement appeal to the First Ladies and other women leaders of Latin America to do everything necessary to build a coalition to fight together against this scourge, which is ravaging and threatening the existence of our peoples.

For our Government, addressing the link between HIV/AIDS and human rights is a priority task. That is why we are implementing a policy to fight the epidemic. We are considering strategies that, in an environment of greater participation and commitment, focus on sectors that significantly affect the economic, social and cultural life of our people. We are striving to implement a policy to fight the epidemic, taking the following strategies into account.

We are encouraging the media to abandon the double standard that, while advocating prevention and the promotion of moral values and healthy lifestyles, continually fills people's minds with messages leading

them to do just the opposite, such as making women sexual objects and sexuality a commodity.

It is essential that we adapt prevention campaigns to the cultural context at which they are targeted, because a society's sexual practices are closely linked to the characteristics of its culture. We have decided to join actively in the global campaign to reduce the cost of medicines for persons living with HIV/AIDS. Because of our countries' economic conditions, that is a limitation that is nearly impossible to overcome. It is inadmissible, moreover, that the world's poorest countries are helping to increase the profits of some, to the detriment of the dignity and protection of life.

As my country's First Lady, I support the initiative presented by the First Lady of the United States, Mrs. Laura Bush, to declare a world HIV/AIDS testing day. We are also committed to directly attacking poverty, creating sources of employment and investing in education and health, because we are convinced that there is a binding relationship between the spreading of the epidemic and economic and social structures.

As we adopt the draft political declaration today, we have more challenges ahead of us, which will require greater national and international commitment in terms of support, cooperation and collaboration among countries. Universal coverage for prevention, treatment, care and support will require greater economic sacrifices from us. That is why the international community's contribution makes us hope that those actions will continue to be strengthened. To supplement those efforts, our country has pledged to promote the domestic economy, to guarantee the security of citizens through national development programmes and to transparently manage all the support we receive to ensure that it actually reaches our people. Honduras, through me, expresses its thanks for the willingness to support us in that effort.

The HIV/AIDS epidemic entered our countries, our communities and our homes without asking permission. It has affected our lives in such a manner that it has become the greatest threat to humanity. That is why we have before us a monumental task to accomplish in favour of life.

The President: I now give the floor to Her Excellency Ms. Annmaree O'Keeffe, Ambassador for HIV/AIDS of Australia.

Ms. O'Keeffe (Australia): This High-level Meeting is a critical opportunity to reinvigorate the global response to HIV/AIDS. As many speakers have already noted today, this devastating epidemic has now claimed more than 25 million lives, and more than 40 million people are currently living with HIV. Ninety-five per cent of those people live in developing countries. In the Asia-Pacific region, HIV/AIDS is spreading rapidly, and by 2010, without vigorous and effective prevention programmes, that region could become the new epicentre of the epidemic.

We must all stand up to this challenge and take action to re-energize our responses. Australia is taking a lead role in the Asia-Pacific regional response to HIV/AIDS. We have made an unprecedented commitment to work alongside our regional partners to prevent the spread of HIV and to provide treatment and care for those living with HIV/AIDS.

Our own experience in having developed a largely successful HIV response has enabled us to share the lessons we have learned with our neighbours in the region. The foundation of Australia's success has been the close collaboration with and partnership among affected communities, people living with HIV/AIDS, all levels of Government and the health and research sector, as well as the adoption of innovative education and prevention initiatives. Key to all of that is the leadership demonstrated by people in all those sectors of society. We have worked hard to foster leadership and partnership in our national response, and that has paid off.

Our work in the region now encompasses many different levels of leadership. The Asia-Pacific Leadership Forum on HIV/AIDS and Development is an initiative we developed, and we are proud that the Leadership Forum is assisting the regional response. We must not underestimate the challenges faced by small nations in addressing a complex problem like HIV/AIDS. Small island States such as those in the Pacific are constrained in their opportunity and ability to scale up comprehensive responses. Australia works hand in hand with its Pacific neighbours to assist them to develop their capacity and commitment to respond to HIV/AIDS and to build leadership in our region.

We also continue to develop our partnership with the private sector. The Asia-Pacific Business Coalition on HIV/AIDS is an example of the strong bond between the public and private sectors. It demonstrates

our determination to ensure that all sectors of society mount an effective response to HIV/AIDS. Indeed, there is no other way to address this problem; we must involve everyone in our community. Most of all, we believe it is critical that people living with HIV/AIDS be involved in our response at all levels.

Australia is extremely concerned about the feminization of the HIV/AIDS epidemic. The world cannot continue to allow the persistence of widespread violence against women and girls, the lack of access by women and girls to services, and prevailing social and economic inequities. Australia cannot stress enough the importance of making sure that HIV responses tackle the social, cultural and economic factors that make women and girls vulnerable to HIV and AIDS.

While it is very important that we focus on ensuring that antiretroviral treatment is accessible to all those who need it, we must not forget about those people who are not infected with HIV but are at risk of infection. We must commit to scaling up our prevention efforts to ensure that those people remain free of HIV. This commitment to prevention is a key focus of both the national and the international HIV/AIDS strategies of Australia. Although Australia has a relatively stable epidemic, there is no room for complacency. We have seen some small rises in HIV infections recently, as have several other developed countries with comparable epidemics. That demonstrates the vital importance of continuing strong prevention approaches even as access to treatment is being scaled up.

One of the most dramatic factors contributing to Australia's success in HIV prevention has been the implementation of harm-reduction approaches. This has assisted us in keeping HIV rates low amongst injecting drug users. We work closely with others in our region to assist them to do the same.

An essential part of the global HIV response is monitoring and evaluation. Within our national strategies and plans, we need to set ambitious goals and measure our progress against them. We must continue to collect data and carry out surveillance to ensure that we can adapt our programmes to address this complex and changing epidemic. We have to be able to identify emerging trends in order to ensure that our response is effective. Further to this, it is important that we continue to support the Joint United Nations Programme on HIV/AIDS in its role of working with developing countries, assisting them to scale up their responses and coordinating national partners in the provision of technical assistance.

Australia has shown leadership and commitment in responding to HIV and AIDS, particularly in the Asia-Pacific region. It is critical that every country do the same if we are to achieve the goal of ending the global HIV/AIDS crisis.

The President: I now give the floor to His Excellency Mr. Eladio Loizaga, chairman of the delegation of Paraguay.

Mr. Loizaga (Paraguay) (*spoke in Spanish*): At the outset, I should like to associate the delegation of Paraguay with the statement made this morning by the Minister of Health of Guyana on behalf of the Rio Group.

Paraguay has placed the HIV/AIDS problem on its national agenda, owing to the magnitude of the issue. In that connection, our 2001-2005 national strategic plan served to guide the Government's leadership efforts and created an appropriate environment for interagency efforts. Increased decentralization is making it possible for us to gradually include a multisectoral perspective in our national strategic plan, thereby increasing the participation of civil society.

Despite our prevention efforts, however, the epidemic in our country, which initially was believed to be of low prevalence, has now become one of intermediate prevalence in populations most at risk. Given that 70 per cent of our population is under the age of 30, as well as other factors that also have an impact — such as the very high rate of youth pregnancy among adolescent girls, cultural limiting factors and others — an effective policy of prevention is of the utmost importance.

In line with its so-called population pyramid, Paraguay emphasizes efforts to disseminate information to bring about behaviour change among its youngest citizens, including those who, for one reason or another, are outside the educational system.

Preventing mother-to-child transmission of HIV is Paraguay's foremost priority. We are therefore making major efforts, investing human and financial resources to minimize the chances of a mother transmitting HIV to her baby.

We are vigorously seeking out external resources from international aid agencies to fund most of our prevention efforts, as assistance accounts for a large part of the budget for the national programme. Despite that effort, the resources at our disposal are not enough for an effective response to the innumerable needs that exist. We face difficult economic constraints as regards care, support and treatment for people living with HIV/AIDS. This has an impact on the provision of comprehensive care, the various aspects of which cost much more than our ability to finance and sustain them. Nevertheless, even since before it assumed its commitments at the special session devoted to HIV/AIDS, Paraguay has increasingly provided free care to hundreds of patients, an effort that has taken a great toll on the country's economy.

Like other highly economically vulnerable countries, we have taken decisive steps towards fully meeting our commitments, and it is essential that developed countries too translate their commitments into adequate, sustainable and, above all, timely financial and technical support.

While AIDS is the first truly global epidemic, the discrimination and stigma associated with it constitute an epidemic spreading in the shadow of ignorance, intolerance and fear. Through its civil society organizations and its national programme, Paraguay has committed itself to promoting the human rights of people living with HIV/AIDS or in some way affected by it. We are currently discussing the reform of our national legal framework in order to bring it into line with international norms ensuring the full enjoyment of those rights.

In the context of reducing vulnerability through our national strategy to eliminate all forms of discrimination, we are devoting particular attention to eliminating gender inequalities and promoting all human rights, so as to reduce vulnerability to HIV/AIDS. We are also making specific national efforts to target men who have sex with men, sex workers of both sexes, drug users and institutionalized persons.

All of those efforts are being carried out without the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria. It is essential to reconsider that situation, so that Paraguay may have access to the Fund's resources in order to strengthen its strategies to control the epidemic and ensure that it does not reach the critical levels of infection that we have seen in neighbouring countries.

Finally, we are pleased with the agreement that has been reached on the draft declaration that we will adopt tonight.

The President: I now give the floor to His Excellency Mr. Robert Aisi, Permanent Representative of Papua New Guinea.

Mr. Aisi (Papua New Guinea): I have the honour to speak on behalf of the 14 countries of the Pacific Islands Forum that are Members of the United Nations, namely Australia, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, New Zealand, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and my own country, Papua New Guinea. I also speak on behalf of the territories and non-governmental organizations of our region. To save time, we have distributed a lengthier written version of our statement, but I shall make some observations now.

Heeding the call for increased political leadership made at the twenty-sixth special session, Pacific islands leaders called for a comprehensive response to HIV in the Pacific region and in August 2004 endorsed the Pacific Regional Strategy on HIV/AIDS, which now forms the basis of the regional response to HIV/AIDS in our region, covering 22 island countries and territories and complementing national HIV/AIDS strategies.

The Pacific Regional Strategy on HIV/AIDS articulated a vision of a Pacific region where the spread and impact of HIV is halted and reversed; where leaders are committed to lead the fight against HIV and AIDS; where people living with and affected by HIV are respected and cared for and have affordable access to treatment; and where all partners commit themselves to those collective aims within the spirit of compassion inherent in Pacific cultural and religious values.

The Regional Strategy builds on eight Pacific themes: leadership; prevention and healthy communities; access to quality services; human rights and greater involvement of people living with HIV; coordination and partnership; funding and access to resources; monitoring, surveillance and research; and addressing vulnerability. The Strategy also embodies the vision of the Pacific leaders, articulated in our Pacific plan, which sees the Pacific islands region as one of peace, harmony, security and economic

prosperity, where people can lead free and worthwhile lives; where diversity of culture, tradition and religious belief is valued, honoured and developed; where the quality of governance, sustainable management of resources, full observance of democratic values and defence and promotion of human rights are sought; and where partnerships are forged to develop our knowledge to ensure a sustainable economic existence for all.

Despite these achievements, the Pacific Islands region still faces challenges. Accessing resources in the framework of the Global Fund to Fight AIDS, Tuberculosis and Malaria in the fight against HIV/AIDS is becoming very difficult and costly for small island States. The extremely high rates of sexually transmitted infections in some groups in many island countries underpin the potential risk of the transmission of HIV/AIDS. The impact of urbanization, alcohol consumption, risky behaviour and the existence of co-infection by diseases such as tuberculosis have increased both the potential for and the burden of HIV/AIDS in some island countries.

So, we pose the question: where do we go from here? For a region where the emphasis is on prevention and on halting and reversing the trend of infection, incremental approaches are not going to provide the answer. The Pacific region needs a new way of thinking; a new way of fighting the disease; a more strategic, multifaceted approach comprising 100-per-cent treatment coverage coupled with the strategic positioning of regional and subregional laboratories and technical advisory support centres to service a number of countries; reducing gender disparities, violence against women, children and sexual minorities; and directly helping vulnerable groups. That approach will have a more positive effect. It will not only prolong lives; it will be an incentive to the many who are still not coming forward, because they can have a real chance at treatment and a more normal life. That will reduce the pool of infected people in the general community, thereby effectively reducing the risk of transmission of the virus to other people in the community.

Negotiating reduced prices for antiretroviral drugs will be a priority for the Pacific region. The Pacific Health Fund concept, as called for by Pacific leaders in October 2005, could help 22 small Pacific island countries and territories and could address priorities specific to the setting, including HIV/AIDS. That concept is currently being analysed.

At the operational level there needs to be greater involvement by civil society, including by people living with HIV/AIDS and representatives of vulnerable groups, in the planning, design and implementation of the national HIV programmes and services called for by our leaders. The war against HIV/AIDS is not fought only in the hospital wards and laboratories. More important, in the Pacific region it is fought in homes, in communities and in individual families. That is where Governments need to acknowledge the comparative advantage and strength of civil society and accord it the trust, the responsibility and, more important, the resources to lead the fight in these quarters through genuine and effective partnerships. That is the only way to win the war against HIV/AIDS, a war that we need to fight together.

In my own country, our Prime Minister has taken the lead. In the foreword to the national strategic plan on HIV/AIDS, he writes:

> "The impact of the epidemic at the family and household levels will have a spiralling effect on our national economy. Our labour force will be reduced, and every basic health and other social indicator we have invested so much in will be severely affected."

The challenge before us today is to determine not what we can do for ourselves, but what we can do for others. History will judge us either as the generation that did its best to rid the world of the scourge of HIV/AIDS or as the generation that had the opportunity to do it, but did not take that opportunity — with humanity paying the price. This is not a decision we can shy away from; it is one on which we have to make a choice. Unfortunately, it comes during our watch.

In that regard, it is the hope of the Pacific islands delegations to this meeting that the declaration resulting from this event will be bold, strategic and realistic and that it will take the 2001 Declaration of Commitment a step further to ensure universal access to care, prevention and treatment, as well as agreeing on realistic targets and outcomes to be achieved along the time lines established in the Millennium Development Goals.

The President: I now give the floor to Her Excellency Ms. Nafsiah Mboi, chairperson of the delegation of Indonesia.

Ms. Mboi (Indonesia): Let me start by paying tribute to AIDS activists around the world, who choose to contribute their time and best efforts to provide the support and services so needed in communities.

The epidemic has manifested itself in Indonesia in the worst ways. It is classified as a concentrated epidemic in most parts of the country. However, in some areas the infection has already spread more widely into the general population. We are addressing the challenges of a generalized epidemic. While the majority of new infections in Indonesia are related to injecting drug use, which causes 60 to 80 per cent of new infections, sexual transmission continues to be a major cause of infection in some areas. Nationally, 18 per cent of people diagnosed as positive are women, but we note with alarm that in some areas nearly 50 per cent of those newly infected are women.

Indonesia's national strategy emphasizes the importance of the values of family welfare and religion in combating the spread of HIV. At the same time, the strategy provides strong support for a public health approach to the epidemic, including the promotion of condoms and harm-reduction strategies for injecting drug users. Programming now includes needle and syringe exchange programmes and methadone maintenance therapy.

Since 2004 there has been an encouraging increase in the number of people coming for voluntary counselling and testing. About 5,000 people have been able to access, and benefit from, free antiretroviral treatment. Efforts are being made to consolidate and scale up local activities through the mobilization of government and civil society at the provincial level. Most recently, that has been done in 100 priority districts and municipalities.

Despite that progress, more has to be done at all levels to reverse the epidemic. With that goal in mind, today I call on all of us to renew and fulfil the commitments we made in 2001. Indonesia is committed to fulfil its responsibility in that regard. President Yudhoyono himself has expressed concern and has proposed the reappraisal and restructuring of our national effort, to broaden and accelerate our response and strengthen responsibility and accountability.

Indonesia is blessed with a lively and hard-working community of positive people who inspire and challenge us. We are grateful that we have been generously supported by international partners sharing resources and technical expertise. Today, I ask God's blessing on the global community as we continue to carry out our commitment to defeat our common enemy, HIV.

The President: I now give the floor to His Excellency Mr. Tawfeeq Ahmed Almansoor, chairman of the delegation of Bahrain.

Mr. Almansoor (Bahrain) (*spoke in Arabic*): AIDS is a scourge and a peril facing the international community. It disrupts the social and human fabric of many countries and many societies. Because of its impact, which goes beyond the individual to affect entire societies, it is among the gravest challenges facing the international community. There is no doubt that this High-level Meeting to follow up the outcome of the twenty-sixth special session of the General Assembly — the Declaration of Commitment on HIV/AIDS of 27 June 2001 (resolution S-26/2, annex) — is an opportunity not only to reaffirm our commitment to combat the disease but also to exchange beneficial experiences and best national practices with respect to the implementation of the Declaration. It is also an opportunity to review the assessment by the Joint United Nations Programme on HIV/AIDS (UNAIDS) of efforts to scale up HIV prevention, treatment, care and support.

At the 2005 world summit, leaders undertook to confront this lethal disease by promoting and scaling up prevention, treatment, care and support with the goal of universal access to treatment by 2010 for all those who need it. Despite the serious and relentless efforts undertaken by UNAIDS to put in place inclusive processes that take account of the local considerations of States with a view to developing a practical strategy to ensure universal access to treatment, despite the significant steps taken in recent years, in particular with respect to expanding the scope of prevention and treatment, and despite the twofold increase by 2005 in the number of those being treated with antiretroviral in low- and middle-income countries — from 720,000 individuals to 1.3 million according to statistics from the World Health Organization and UNAIDS — we are facing a troubling reality. More than 4.9 million new AIDS cases were diagnosed in 2005, and that number of cases will surely disrupt efforts to provide treatment

for all. Thus, it will be difficult to meet one of the basic Millennium Development Goals: to halt the spread of HIV/AIDS by 2015.

Since the General Assembly's adoption in 2001 of resolution S-26/2, on the Declaration of Commitment on HIV/AIDS, the Kingdom of Bahrain has taken all necessary steps to confront this lethal disease. We have set up a national committee to combat AIDS. It comprises all relevant ministries and national institutions that have made an effective contribution to implementing prevention and treatment programmes. Although there is a low and limited prevalence of AIDS in our kingdom, the relevant parties have made a major effort to combat the disease and to carry out programmes in this sphere. A three-stage AIDS prevention strategy has been formulated, involving a number of elements, including the following: screening blood to ensure the total safety of the blood supply in accordance with international quality-control standards; improving health awareness, particularly among vulnerable and high-risk groups, including young people and drug addicts, through the holding of workshops and lectures; establishing a pre-marital screening programme, along with efforts to promote abstinence and faithfulness; and ensuring early intervention to treat the infected, to provide free antiretroviral drugs and to integrate those affected by HIV/AIDS into society.

Today, we must renew our commitment to scale up AIDS prevention, which is extremely important if we are to mitigate suffering and minimize the impact of the disease and to address the high cost of treatment. The provision of comprehensive care will be possible only if the international community takes additional urgent, intensified steps to fight the epidemic.

We hope that this meeting will be crowned with the success to which we all look forward, and that we will be able to attain concrete results with respect to the prevention and treatment of this deadly disease.

The President: I give the floor to His Excellency Mr. Mohammed Kezaala, chairman of the delegation of Uganda.

Mr. Kezaala (Uganda): I bring greetings from His Excellency President Yoweri Museveni, who was unable to attend this meeting owing to prior commitments.

Uganda is grateful to the United Nations for having provided this opportunity for the international community to recall the need to fully implement the commitments previously entered into by our leaders. Uganda shares the view of the Secretary-General that this is a great opportunity for world leaders to discuss ways of achieving that vision and of implementing agreed declarations in their entirety.

It is the hope of all of us that the draft political declaration to be adopted this evening will fulfil those aspirations. Committed leadership in a mutually reinforcing partnership of the public and private sectors and civil society is critically important if we are to put an end to HIV/AIDS.

Uganda aligns itself with the statement delivered this morning on behalf of the African Union by His Excellency Denis Sassou Nguesso, President of the Republic of Congo and Chairman of the African Union, in which he stated that Africa is the continent hardest hit by the HIV/AIDS scourge. It is also a bitter reality that Africa is the region least endowed in terms of resources to deal with the scourge. It is imperative, therefore, that, given the numerous challenges to access to prevention, treatment, care and support identified at Abuja, urgent international support be provided to help Africa and the rest of the world to prevail in the fight against the pandemic. As a signatory to the Declaration of Commitment on HIV/AIDS: "Global Crisis — Global Action", adopted at the twenty-sixth special session of the General Assembly, in 2001, Uganda is committed to working with other States Members of the United Nations in the fight against HIV/AIDS, at the national, regional and global levels.

It is noteworthy that, while HIV/AIDS has continued to devastate communities the world over, significant global progress has been made in fighting the pandemic. In the case of Uganda, a number of targets are on course to be met. With support from donors and the international community, Uganda has, in the past two decades, reduced the prevalence of HIV/AIDS from 33 per cent in some urban areas to the current national average of 6.1 per cent. However, data from sentinel surveillance indicates that prevalence stagnated between 6.1 per cent and 6.5 per cent during the period 2001-2005, with significant regional variations.

The number of new infections per annum is unacceptably high. In 2005, the estimated number of new infections was 130,000, 30,000 of them in children. It is clear that Uganda and the world will not be able to sustain the provision of antiretroviral drugs unless access to comprehensive prevention programmes is ensured to stop new infections.

In line with the Abuja Declaration, Uganda calls on donors, the international community and the private sector, in partnership with civil society, to invest in and accelerate efforts to find an HIV/AIDS vaccine. That should be done without losing focus on the need for additional and predictable funding for low-income countries. With continued international cooperation, Uganda will play its role in the quest to find a solution to the pandemic.

Uganda has surpassed its "3 by 5" target of providing antiretroviral treatment to 60,000 of the projected 120,000 people known to be living with HIV/AIDS and requiring such treatment, in line with the World Health Organization strategy. By the end of 2005, more than 67,000 people were on antiretroviral therapy in accredited treatment sites throughout the country. With the increased capacity for treatment, the country is able to enrol 1,000 new patients per month.

The President: I now give the floor to His Excellency Mr. Isikia Rabici Savua, Permanent Representative of Fiji.

Mr. Savua (Fiji): The 2001 special session of the General Assembly endorsed the Declaration of Commitment on HIV/AIDS. The progress made in meeting the targets set out in that document are described in the Secretary-General's report dated 24 March 2006 (A/60/736), for which we are grateful.

The gender dimension of HIV/AIDS emphasizes equality and the empowerment of women, which are fundamental in the reduction of the vulnerability of women and girls. National strategies should grant women control to decide freely and responsibly on matters related to their sexuality and to protect themselves from infection. The relationship between HIV infection and the vulnerability of women due to traditional cultural and sexual mores must be addressed.

The South Pacific region has made concerted efforts to educate our people on the dangers of HIV/AIDS. Schools, civil society, Government ministers and people suffering from AIDS have united to reduce and eventually stop the spread of the pandemic. The number of HIV/AIDS patients in our region is small compared with other regions of the world. Numbers, however, should not be the sole determinant in the distribution of assistance, as a single patient today could easily lead to a full-blown, uncontrolled pandemic tomorrow.

Fiji's National Advisory Committee on AIDS coordinates programmes and activities in the eight priority areas set out in the national HIV/AIDS strategic plan for 2004-2006. The current infection rate stands at 0.05 per cent. Since 1989, there have been more than 200 reported cases of HIV, and 29 new cases were reported in 2004 and 2005. The first two months of 2006 saw five new cases reported. The true figures cannot be ascertained until compulsory blood testing is in place. HIV patients in Fiji have free access to the antiretroviral drugs sponsored by the Global Fund.

The progress made in 2005 included the development of HIV legislation, inclusion of HIV in the "notifiable disease" category and the inclusion of HIV/AIDS issues in the Fiji Prisons Act. However, the absence of an appropriate legal framework is an impediment to addressing wilful transmission, confidentiality, human rights, stigma and discrimination.

The scaling up of universal access provides new momentum for the comprehensive integration of prevention, treatment, care and protection within the context of multisectoral national responses. Fiji will continue to work with United Nations agencies and entities in elaborating the important financial and other technical aspects of universal access and to share its knowledge with its neighbours.

The President: I give the floor to His Excellency Mr. Jacques Martin, chairman of the delegation of Switzerland.

Mr. Martin (Switzerland) (*spoke in French*): It is 25 years since the first cases of HIV/AIDS were reported. As it has spread, the pandemic has exacerbated poverty in many parts of the world. As the Secretary-General reminds us in his report (A/60/736), the promotion, fulfilment and protection of human rights and fundamental freedoms is crucial in mitigating the devastating impact of the pandemic. Switzerland is convinced that only a rights-based approach will enable us to achieve concrete and lasting results in eliminating the ostracism and discrimination experienced by persons infected and affected by the

virus, including male and female sex workers, men who have sex with men and injecting drug users. Only such an approach will protect women and children — boys and girls — against exploitation, violence, abuse and the denial of their property and inheritance rights and of their fundamental right to education. Such an approach must also guarantee access to prevention, health care and antiretroviral treatment by all those who need them, including refugees and displaced persons.

In particular, respect for the rights associated with sexual and reproductive health is an essential condition for ensuring effective prevention. Such respect will be guaranteed only if every child and every adult has fair and unrestricted access to services and the means of protecting his or her sexual and reproductive health, in particular through the use of condoms. An assessment of Switzerland's HIV/AIDS prevention strategy shows that increased protective behaviour in the form of more frequent and more widespread use of condoms has not resulted in an increase in precocious sexual behaviour.

In addition, recent surveys conducted in Switzerland have shown that half of the cases of new infections occur in the context of stable relationships. It would therefore seem foolhardy to place our trust in fidelity alone as a way of preventing the spread of the virus.

The situation of women and girls with regard to HIV/AIDS remains critical. We must all make sustained efforts to ensure that women and girls benefit from effective protection that meets their needs.

In this regard, immediate progress must be made in the area of research into and in the distribution of means of protection that can be controlled by women and girls themselves, including microbicides, where progress is being made, and female condoms, which are still too expensive. Such activities should be undertaken in parallel with urgent action to eliminate of all the economic, social, cultural and legal factors that result in women and girls being denied their fundamental rights. On this point, we would stress the crucial role that men and boys must play in achieving equality between men and women.

In Switzerland we have noted that there is a certain fatigue as regards the message of prevention. That is particularly the case among young homosexual men, where the number of new infections is again on the rise as a result of complacency. Appropriate, updated information should therefore be provided, and we are doing just that.

To ensure that people engaging in at-risk behaviour are able to protect themselves effectively, it is essential that we put in place preventive measures that make a real contribution to minimizing those risks. We in Switzerland have been able to gauge the success of risk-reduction measures among drug-dependant persons. An approach that combines the distribution of syringes and the controlled distribution of methadone and heroin has made it possible to significantly reduce the blood-borne transmission of AIDS among that population.

Switzerland welcomes the efforts being made by the United Nations, its operational bodies and other key players such as the Global Fund to take up the challenge of combating AIDS. I would like in particular to pay homage to the Joint United Nations Programme on HIV/AIDS (UNAIDS) for its work to reach the goals of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), which was adopted five years ago. UNAIDS plays a laudable role as an advocate for coordination, simplification and harmonization of multilateral efforts to combat AIDS.

In conclusion, Switzerland has clearly assessed the scale of the problems and dangers posed by AIDS. We are committed to devoting a significant part of the projected increase in our development cooperation budget to supporting the struggle against HIV/AIDS. We are aware that public development mechanisms alone are, and will continue to be, insufficient in the face of an extraordinary challenge. Additional sources of funding must be mobilized in industrialized countries, countries rich in natural resources and developing countries.

The President: I now give the floor to His Excellency Mr. Adamantios Vassilakis, Permanent Representative of Greece.

Mr. Vassilakis (Greece): First of all, I would like to express, on behalf of Mr. Dimitris Avramapoulos, Minister for Health and Solidarity of Greece, his apologies for not being able to attend this High-level Meeting, as he had planned, and to convey his best wishes for the success of this important gathering.

I would like to begin by reaffirming Greece's strong support for the United Nations Declaration of Commitment on HIV/AIDS and by renewing my

country's commitment to achieve the targets and milestones necessary in the fight against HIV/AIDS. Our common challenge is unique.

The Secretary-General emphasized in his report (A/60/736) that, a quarter of a century into the epidemic, the global AIDS response stands at a crossroads. Since 2001, countries have worked together in the fight against HIV/AIDS. Many targets have been set; many of them have been reached. Yet, despite the efforts at the national, European and global levels, the number of new HIV/AIDS infections continues to rise. It has become evident that the AIDS pandemic has developed into a global crisis of exceptional dimensions and that it thus merits an exceptional response. Urgent action is needed. However, any short-term measures must fit into long-term strategies.

Greece, having acknowledged HIV/AIDS infection to be a priority for public health, has from the very beginning established programmes for the prevention of HIV/AIDS infection as well as for the care, treatment and support of people living with HIV/AIDS. We are committed to fight stigma and discrimination against people living with HIV/AIDS.

Now we should take a step forward. Greece is fully committed to coordinate its efforts within the European Union and South-Eastern Europe and with neighbouring countries, the United Nations and other international partners. Greece supports the coordinating activities for the achievement of the Millennium Development Goals and contributes to the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as to the Joint United Nations Programme on HIV/AIDS. The challenge we face is to implement all the targets set in the years since the Declaration of Commitment and also to find new unique pathways that will help us to tackle the disease.

This cannot be the work of one person or one nation; strong leadership and strong partnerships are the way forward. In order to maximize our efforts, we have incorporated into our new national HIV/AIDS strategy the principle of "three ones": one national framework, one national coordination body, one system of monitoring and evaluation.

The new multisectoral strategy was developed with the help of members of civil society and will be open to public consultation. The key elements of the Greek HIV/AIDS strategy are: coordination and cooperation in national and international activities; prevention as the cornerstone of our response; and national campaigns for the general public through cooperation among the Government, civil society and the business world, utilizing the contribution of corporate social responsibility.

Education is the key to change, especially for young people, who should develop the necessary life skills. Our aim is that by 2010, 95 per cent of young people should be properly educated about HIV.

We place special emphasis on encouraging people to use the testing and counselling services that are available. One of our main targets is to continue to provide adequate therapy for persons infected with HIV/AIDS as well as strong and effective social care services.

To maximize the safety of blood transfusions, we have implemented the use of new technologies for single donations. To increase our strategic information in order to guide effective responses, we are investing in the improvement of the surveillance system for HIV/AIDS and sexually transmitted infections.

We will work towards universal access to prevention, treatment and support through partnerships with the Balkan countries, other neighbouring countries and African countries, using European networks such as ESTHER and other international initiatives.

In addition, continuous evaluation of our achievements will improve the quality of our work. That can be accomplished only through mechanisms for the overall monitoring and evaluation of the national HIV/AIDS strategy. We are working closely together to achieve that aim.

I can assure the Assembly of our country's commitment to reach the targets set out in our national strategy as well as the targets set by the Declaration for 2010 and the Millennium Development Goals set for 2015. We will maximize our effectiveness by working together, enlisting the support of our political leadership, our scientists, international partners and civil society and utilizing the contribution of corporate social responsibility.

It is time for action.

The President: I now give the floor to Ms. Mary Shawa, Principal Secretary, Office of the President and Cabinet of Malawi.

Ms. Shawa (Malawi): On behalf of His Excellency Mr. Bingu Wa Mutharika, President of the Republic of Malawi, the Malawi delegation and on my own behalf, I wish to join previous speakers in thanking the Secretary-General for organizing this High-level Meeting of the General Assembly on HIV/AIDS to take stock of the progress made in fighting HIV/AIDS over the past five years. The Secretary-General is also to be commended for his highly informative report (A/60/736).

The Government of Malawi and its leadership remain fully and strongly committed to the fight against the spread of HIV, as demonstrated by the establishment of the National AIDS Commission, which subscribes to the principle of the "three ones": one coordinating authority, one national action framework and one monitoring and evaluation strategy. Furthermore, HIV/AIDS efforts have been institutionalized in Malawi by the establishment of the Department of Nutrition, HIV and AIDS within the Office of the President, at Cabinet level, to oversee high-level advocacy and collaboration at all levels, with the President himself as the Minister responsible for HIV/AIDS.

In the past five years, over 1,500 organizations, comprising public institutions, international and local non-governmental organizations, faith-based and community-based organizations, support groups for people living with HIV and AIDS, private sector actors and others have received grants amounting to more than $47 million to expand their activities and improve the quality of HIV and AIDS services in the country. Efforts are being increased to ensure a demonstrable impact on HIV/AIDS.

The 2004 Malawi demographic and health survey revealed that there is evidence of behaviour change, reflected in the increased use of condoms and the fact that the average age at which initial sexual intercourse takes place has risen from 17 to 18. The percentage of people having multiple sexual partners and the prevalence rate have declined slightly, from 15 per cent to 14 per cent.

As part of the World Health Organization's "3 by 5" initiative, Malawi is providing antiretroviral treatment free of charge to 50,000 people. The target is to reach 80,000 by December 2006 in 127 facilities. That policy has resulted in an increase in the number of those taking advantage of voluntary counselling and testing services, from 41,000 to 450,000, because people now realize that there is hope.

Given that 26,000 children are born HIV-positive annually, Malawi has launched a comprehensive nationwide campaign, in 89 sites, aimed at preventing mother-to-child transmission of HIV. The goal is to increase coverage from 2.3 per cent to universal coverage by providing a complete course of antiretroviral prophylaxis to pregnant women so as to reduce the risk of HIV transmission to the unborn child.

Malawi has more than 1 million orphans, of whom 50 per cent have been orphaned by HIV/AIDS. According to the 2004 Malawi demographic and health survey, the ratio of orphans to non-orphans attending school is 0.97 to 1 — up from 0.94 to 1 in 2000. Equal access to education and life skills has also been introduced into schools. An action plan on orphans and other vulnerable children, funded by various donors, has been launched.

In the area of human rights and fundamental freedoms for all, work is under way to develop, enact and enforce HIV-specific legislation to reduce stigma and discrimination. The Government of Malawi, with support from development partners, introduced a pool funding system for HIV/AIDS, by which the Canadian International Development Agency, the Norwegian Government, the World Bank, the British Department for International Development and the Malawi Government pool funds into a common basket. Negotiations are at an advanced stage for the Global Fund to join the pool funding system.

That having been set up, Malawi now boasts the "Malawi four ones": one national action framework, one coordination body, one monitoring and evaluation strategy and one funding basket. The Government of Malawi is gratified by the increased support that it receives from its development partners in the area of HIV and AIDS.

Despite the progress made, Malawi is facing challenges. For instance, the number of orphans continues to increase; 27 per cent of orphans born to infected mothers are infected. HIV care, treatment and support need to be scaled up rapidly to reach 180,000 eligible individuals. Denial, stigma and discrimination need to be eliminated. Access to voluntary counselling and testing services needs to be increased. The pivotal role that nutrition plays in treatment and care must be recognized, because nutrition builds immunity, while

antiretroviral treatment prolongs life by slowing down the destruction of the immune system.

The provision of nutrition therapy, which includes assessment, counselling, education and demonstration, therapeutic feeding, supplementary feeding, referral to nutrition rehabilitation units and hospitals and the production of high-nutrient foods for a nutritious diet are therefore critical. The shortage of trained human capital in the health, nutrition and social sectors remains a great challenge, as a large number still migrate in search of greener pastures. The country has a human resource shortage across the board, ranging from 25 per cent to 60 per cent, which limits community outreach for HIV/AIDS services.

In conclusion, Malawi needs more resources to enable it to address the challenges. In this connection, I would like to request our development partners, the World Bank and the Global Fund, to include funding for capacity-building in the areas of nutrition, health and other social services with a view to supporting the treatment regime and to relax some of the time-consuming disbursement requirements in order to expedite cash flow, while maintaining the high level of accountability required when funds are being distributed.

We all need to dream, and to dream in colour. Malawi hopes that the international community will dream of a nation free from AIDS and of a world free from AIDS.

The President: I give the floor to Ms. Coumba Bâ, Counsellor at the Presidency and chairperson of the delegation of Mauritania.

Ms. Bâ (Mauritania) (*spoke in French*): I have the great honour of addressing the Assembly on behalf of the President of the Military Council for Justice and Democracy and head of State, Colonel Ely Ould Mohamed Vall, to reaffirm once again the firm commitment of the Islamic Republic of Mauritania to resolutely join in the united front to combat our formidable common enemy: the AIDS virus.

In 1998, a national programme to combat HIV/AIDS and other sexually transmitted diseases was established in Mauritania. In 2002, my country joined the rest of the international community in adopting a multisectoral policy approach to fight HIV/AIDS, focusing on prevention, treatment, care for those infected and affected and the safety of the blood supply.

With regard to prevention, civil society, the private sector and the key ministerial departments are conducting awareness and information campaigns aimed at populations throughout our territory. The role played by religious leaders in countering the pandemic is decisive.

The targets of prevention efforts are multiple and varied. They include, in particular, young people, women of reproductive age, pregnant women and the migrant population. In this context, my country has also contributed positively to subregional initiatives, including the Caravan of Hope, which has travelled through six countries in West Africa, from Mauritania to Nigeria. That initiative, which Mauritania had the privilege of helping to develop, brought together religious leaders of all faiths, people living with HIV and journalists. The aim of the initiative was to fight the stigmatization of and discrimination against those suffering from HIV/AIDS.

Measures have been taken to ensure access to free treatment for all Mauritanians as well as for all persons living in Mauritania. An ambulatory treatment centre was established in December 2004, and three other regional centres will be established in the months to come in order to improve geographical accessibility.

In June 2001, together we undertook commitments and measures aimed at combating this devastating, invisible enemy that recognizes neither borders nor race nor religion. My country reiterates its commitment to all the resolutions adopted in 2001 and to those aimed at ensuring universal access to services for the treatment and prevention of HIV/AIDS, tuberculosis and malaria.

The Islamic Republic of Mauritania is convinced that the fight against HIV/AIDS can be won only in the context of a global effort. Its beneficiaries must be at the centre of the decisions, and their concerns and attitudes, as well as the solutions proposed, must be taken into account.

The international community and the technical and financial partners must redouble their efforts to help the developing countries. Initiatives and South-South partnership must be developed so as to respond adequately to the epidemic.

The current situation in Mauritania is conducive to the achievement of those objectives given the emergence of an unprecedented national consensus on the programme established by the transitional

authorities aimed at the creation of a democratic, open and transparent system of government and a fully transparent administrative machinery guaranteeing equity and justice in the allocation of basic social services, in particular in the areas of education and health care.

The AIDS virus has declared war, and it is gaining ground. Let us not stand by idly. Alone we cannot win, but together we will be victorious.

The President: I give the floor to Ms. Agnes Binagwaho, speaking on behalf of the President of Rwanda.

Ms. Binagwaho (Rwanda): I have the honour to make this statement on behalf of His Excellency Paul Kagame, President of the Republic of Rwanda.

I wish to congratulate the President and all delegations on the successful negotiation of the political declaration of the 2006 High-level Meeting on HIV/AIDS. Permit me to express my Government's commitment to its implementation.

When we met here in 2001, there had not yet been a truly global response to the HIV/AIDS pandemic. We have come a long way since then, both globally and in my country. Our accomplishments in Rwanda can be summarized as follows.

First, we have adopted a multidisciplinary, decentralized and community-based approach to HIV/AIDS. Monitoring structures and systems are now in place under the effective coordination of the National AIDS Control Commission.

Secondly, key policies are being implemented, including those on orphan and vulnerable children, antiretrovirals, HIV/AIDS in the workplace, and condoms.

Thirdly, a new national policy incorporating various sub-policies was drafted in 2005 and is currently in the final stages of the legislative process for adoption.

Fourthly, we have established a good relationship with leading international partners, which have a greater appreciation for the imperative of operating within a nationally designed and executed HIV/AIDS framework. We are most grateful for such partnerships. These include, inter alia, President Bush's initiative; the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria; the World Bank Multi-country HIV/AIDS Programme (MAP) project; the Clinton Foundation; the Department for International Development (DFID); and bilateral support from Luxembourg.

Those efforts have begun to bear fruit in my country. The most recent findings on HIV/AIDS prevalence showed an adult prevalence of 3.0 per cent nationally, with gender and geographic variations: 2.3 per cent male and 3.6 per cent female, and 7.3 per cent in urban areas against 2.2 per cent in rural areas. Published reports suggest a decline in adult HIV prevalence, which we are observing cautiously for verification.

Despite these achievements, enormous challenges remain, particularly with regard to securing long-term commitments from partners; the creation and retention of health-sector professionals; health-care infrastructure; and many others.

Let us commit ourselves to taking the necessary action at the local, national and international levels to reverse the HIV/AIDS pandemic. We in Rwanda are determined to implement the political declaration of the 2006 High-level Meeting on HIV/AIDS and related commitments.

The President: I now give the floor to Her Excellency Mrs. Aksoltan Ataeva, chairperson of the delegation of Turkmenistan.

Mrs. Ataeva (Turkmenistan) (*spoke in Russian*): This meeting is of great importance, because the devastating spread of infectious diseases across borders is beginning to pose a real danger to the security of mankind. Although Turkmenistan ranks among the countries with a low level of HIV/AIDS prevalence, we are realistically assessing the current regional and global situation as regards the spread of the infection and its consequences, and are taking adequate measures at the national level.

Turkmenistan has adopted national legislation on the prevention of HIV/AIDS-related diseases. The law identifies prevention as the main tool for combating HIV/AIDS with the cooperation and assistance of international organizations and foundations active in this sphere.

In order to implement the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) as regards the development and implementation of preventive measures by 2005, targeting young people in particular, we have adopted a new national

programme for 2005-2010 that takes into account Turkmenistan's national identity, ethical norms and national values. The programme, which has been enhanced on the basis of international experience, is a logical extension of the previous four-year programme. It provides for the expansion of prevention, treatment and support for people living with HIV/AIDS.

Our country has adopted a work plan to reach the targets set out in our comprehensive programme — which sets out specific measures to be undertaken and assigns levels of responsibility for the implementation of timetables and the identification of sources of financing. We have also strengthened our national HIV/AIDS prevention centre and supplied it with modern equipment. Cooperation with various United Nations bodies will make possible the successful implementation of our plan. These include the Joint United Nations Programme on HIV/AIDS, UNICEF, the World Health Organization, the United Nations Development Programme, the United Nations Population Fund, the International Organization for Migration, the Office of the United Nations High Commissioner for Refugees and other international agencies.

It is our hope that the adoption of the draft political declaration at the end of this meeting will provide additional impetus and focus for the international community's efforts to combat HIV/AIDS. We also hope that it will contribute to marshalling resources to implement the Declaration of Commitment on HIV/AIDS and lead to a redoubling of both national and international efforts to that end. We are confident that the steps taken by the United Nations in that regard, along with appropriate national responses, will both prevent and reverse the spread of HIV/AIDS, and eventually eradicate this deadly disease.

The President: I give the floor to His Excellency Mr. Simon Idohou, Permanent Representative of Benin.

Mr. Idohou (Benin) (*spoke in French*): First of all, I wish to convey to the Assembly warm greetings from the President of the Republic of Benin, His Excellency Thomas Boni Yayi, who would have very much liked personally to participate in this world meeting on HIV/AIDS and to address the United Nations.

My delegation fully endorses the statement made by Mr. Sassou Nguesso on behalf of the African Union.

I should like here to pay high tribute to the Secretary-General, Mr. Kofi Annan, for his tireless efforts to revitalize our Organization and truly to place it in the service of the peoples of the world. My country also congratulates the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS). We recognize the role he has played at the head of that organization in strengthening national capacities by guaranteeing effective and coordinated support on the part of the United Nations system for national programmes to combat AIDS.

My country, Benin, despite having an average national HIV infection prevalence rate that appears to have stabilized at around 2 per cent since 2002, will not be protected from a surge in the epidemic if the national response is not strengthened so as to move towards universal access to prevention, care and treatment.

The HIV/AIDS epidemic is starting to have a social and economic impact on individuals, families and communities. Since the special session of the General Assembly held in June 2001 and the April 2001 Abuja summit on HIV/AIDS, progress has been made in the framework of the implementation of Benin's multisectoral strategic plan (2001-2005), financed by the Government with the support of all partners.

Our main achievements include a better organization of our fight through the creation in 2002 of a national committee to combat AIDS that includes all relevant sectors and actors. The committee is presided over personally by the head of State and has a standing secretariat, which is its executive organ.

Our achievements also include the development of a partnership with civil society and grass-roots communities, and a strengthened response at the local level that has led to greater awareness of HIV/AIDS on the part of young people. Thus, 85 per cent of young people under the age of 25 had heard of HIV/AIDS in 2005, compared to 48 per cent in 2002.

We have implemented a subregional HIV/AIDS prevention project on the migratory routes between Abidjan and Lagos: the Corridor Project. It covers five countries of West Africa — Benin, Côte d'Ivoire, Ghana, Nigeria and Togo — and is aimed at vulnerable groups, for example, transport workers and mobile populations. Benin hosts the project's Executive Secretariat and participates in its functioning.

The safety of blood transfusions with respect to HIV/AIDS is 100 per cent guaranteed. We have improved the epidemiological monitoring system through the deployment of a sentry network and penetration into rural areas. A single national system of assessment and follow up is being progressively implemented. With respect to care and treatment, antiretroviral treatment and medical follow-up have been in place and available free of change since December 2004; the therapy has available since 2002 and 5,000 people living with HIV/AIDS received it between 2002 and 2005. Forty care centres have been established. Since we are deeply committed to democratic principles and respect for individual rights, Benin has passed a law regarding HIV/AIDS prevention, care and control.

Within the framework of the commitments taken in Brazzaville for scaling up action towards universal access in Africa, and in the context of commitments taken at the recent Abuja Summit to confirm the African Common Position of moving towards universal access to prevention and treatment by 2010, Benin has set a number of priorities, including fostering an environment conducive to a multisectoral approach, ownership, sustainability and the effective coordination of the fight against HIV/AIDS in the context of the "three ones"; reducing by at least 25 per cent HIV/AIDS prevalence among young people aged 15 to 24 by 2010; maintaining 100 per cent safety of blood transfusions with respect to HIV/AIDS; guaranteeing appropriate medical care and support for people infected or affected by HIV, especially orphans and vulnerable children; providing access to mother-to-child transmission prevention for at least 80 per cent of pregnant women, and the treatment of HIV-positive women and children; guaranteeing antiretroviral therapy for 12,000 adults and 2,500 children within the framework of universal access; reducing, by 2010, by at least 50 per cent the number of nursing babies infected with HIV/AIDS, having been born from HIV-positive mothers; and reducing the overall impact of AIDS on infected and affected persons, especially orphans and vulnerable children.

We acknowledge the efforts of the international community in mobilizing resources, particularly the World Bank's Multi-Country HIV/AIDS Programme, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the projects of the African Development Bank and all other donors. All of this has enabled us to strengthen prevention and improve the provision of care. But we all know that additional resources need to be mobilized to expand the national response and to ensure that all those who need it have access to prevention, treatment and support services, including to antiretroviral drugs.

The challenges are great, but Benin is committed to doing everything possible to achieve success, with the support of the entire international community.

The President: I now give the floor to His Excellency Mr. Daniele Bodini, chairman of the delegation of San Marino.

Mr. Bodini (San Marino): I remember reading, 25 years ago, about a new incurable disease that had killed its first victim. Many more articles and reports were written thereafter about HIV/AIDS, focusing on the ravaging nature of the illness, the inevitable fatal ending, the non-existence of appropriate medicines to prevent or cure it and the correlation with sexual and drug-abuse behaviour. The stigma associated with HIV/AIDS grew even faster than the pandemic, making that killer more formidable.

Since then HIV/AIDS has spread like wildfire in many countries. It is quite appalling that in 2006, despite the vast resources deployed and the success achieved in discovering powerful new medicines, the HIV pandemic has grown to the point where it is decimating entire generations and producing social collapse, especially in developing countries. Worst of all, it is targeting children: 2,000 children are infected every day. Moreover, if we do not fight this scourge with renewed strength, the number of AIDS orphans will reach 100 million by 2010. Most of them will be subject to neglect, abuse and discrimination.

We must both reach the goals set out in the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and meet the Millennium Development Goals.

This disease, which is prevalent among the most productive portion of the population, creates major economic chaos in developing countries in particular, and especially in sub-Saharan Africa. The idea of making the impact of HIV/AIDS a core indicator of poverty is a very sensible one, because the two things are closely interrelated. In the meantime, the gap between those who can access the necessary treatments and those who cannot is still too wide, despite the efforts of international and non-governmental

organizations and Governments. All countries must act quickly to remove barriers in the areas of pricing, tariffs, trade and regulatory policy regarding anti-HIV medicines. The more accessible diagnosis and treatment are, the less deadly the disease.

We must face AIDS as we would fight a war. We must place the proper focus on preventive measures. Education and information are very powerful weapons. We must combat ignorance, stigma, fear and discrimination. Continuous education and prevention are paramount against the spread of HIV. In fact, even in the developed world, due to a more relaxed approach to the problem in the last few years, we have witnessed a new increase in the spread of HIV. We must take action as regards the younger generation, and promote information. We must be able to count on the mass media to disseminate information, and we must create youth-friendly infrastructure to provide assistance and support. Since the beginning, San Marino has been very active at the national level, putting in place educational and preventive measures in our schools. Our national health system provides free treatment to all infected people.

Moreover, our country has always been very sensitive to the global dimensions of the problem. In fact, we decided to participate with Andorra, Liechtenstein and Monaco in a UNICEF initiative under the theme "Unite for children, unite against AIDS". We have jointly financed a programme in Africa to combat mother-to-child HIV transmission.

We are convinced that the work done by the Joint United Nations Programme on HIV/AIDS is of vital importance. It should certainly be supported and expanded.

We are very encouraged by the enthusiasm and the commitment shown at this High-level Meeting. We are sure that the global community will take a final and definitive step to defeat this terrible disease once and for all. During my speech, 12 children became orphans, 4 were infected and 3 died. Let us not forget that.

The President: Because it is getting late and we still have quite a few delegations to listen to, I appeal to all speakers to kindly observe the three-minute rule.

I now give the floor to Ms. Susana Rivero, chairperson of the delegation of Uruguay.

Ms. Rivero (Uruguay) (*spoke in Spanish*): Uruguay associates itself with the statement made by the Minister of Health of Guyana on behalf of the Rio Group.

Uruguay is a country with a concentrated epidemic typology, but prevalence is on the increase. We are therefore concerned that this review of progress on the goals adopted in 2001 has reopened discussions which we were thought were finished and which show that five years after the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) there are still issues which, for various reasons, cannot be called by their name. That, in turn, prevents us from making progress.

Uruguay is fully committed to the goal of universal access to prevention, treatment, care and support, and it believes that only a responsible, comprehensive response will enable us to achieve that goal. How can we guarantee the full exercise of all human rights and fundamental freedoms for everyone if people do not have access to prevention, treatment, care and support?

Uruguay regrets that Latin America still remains invisible in the area of international cooperation. Medium-income countries are, in a manner of speaking, abandoned to their fate. In the particular case of Uruguay, we are excluded from the resources of the Global Fund to Fight AIDS, Tuberculosis and Malaria because of eligibility criteria which we think are unfair because they do not take into account a country's specific economic, social and epidemiological characteristics. In our case, the lack of resources has a fundamental impact on health and prevention activities, and has prevented us from attaining the goals and objectives that have been established at both national and international levels.

We also want to highlight that for the developing countries it is of fundamental importance to make use of the flexibility provided for by the World Trade Organization (WTO) with regard to intellectual property. We cannot accept that any trade barrier could take precedence over the full respect for human rights.

Uruguay is convinced that it will make progress only by means of a comprehensive response in an integrated health system which includes sexual and reproductive health and which respects sexual and reproductive rights like other human rights. In that regard, it is fundamental to work together with civil society, the communities most affected and vulnerable groups, in particular men who have sex with men, sex

workers, injecting drug users and prisoners and other confined persons. We would stress that civil society in Uruguay is working very proactively to collaborate with the Government for the implementation of public policies which take those factors into account.

Uruguay understands that the urgent global commitment that the spread of the pandemic requires must include the participation of everyone. It is critical to promote gender equality, with the active participation of men and young persons, the empowerment of women and girls; protection against all forms of sexual violence and exploitation, in particular support for girls and boys infected with or affected by HIV/AIDS and orphans; the elimination of all forms of stigma and discrimination; and access to information and education.

It is clear that we have an important task and a full agenda before us. We hope that the draft declaration which we shall adopt today will allow us to begin to work immediately towards achieving the goals for 2010.

The President: I now give the floor to His Excellency Mr. Iftekhar Ahmed Chowdhury, chairman of the delegation of Bangladesh.

Mr. Chowdhury (Bangladesh): The AIDS pandemic continues to outrun global action designed to halt it. A huge disparity prevails among countries and regions. Achieving universal access requires the participation of a wide range of stakeholders, including the private sector, civil society, non-governmental, community-based and faith-based organizations and multilateral development partners.

People's access to medicine is critically significant. Under existing global rules, each citizen of the world has the right of access to essential medicines and treatment. This access must come at affordable costs as identified in paragraph 6 of the Doha Declaration. No agreement in the World Trade Organization (WTO) should compromise this need. Transfer of technology and capacity-building in the pharmaceutical sector are critically important.

For HIV/AIDS, Bangladesh remains one of the lowest prevalence countries in the world. In all the six rounds of the national HIV sero-surveillance and behavioural surveillance from 1998 to 2005, our HIV rates were found to be below 1 per cent in all groups except in injecting drug users. The first case in Bangladesh was detected in 1989. At the end of December 2005, the number of reported cases was only 658 out of a population of 140 million. However, the estimates today stand at 7,500.

We know that we cannot afford to be complacent. We have therefore developed a well-defined policy document entitled "National policy for the prevention and control of HIV/AIDS and STD-related issues 1997". In 2001, legislation on safe blood transfusion was enacted; 98 blood transfusion centres have been established. A national strategic plan for 2004-2010 has been adopted; it is now in the process of being operationalized. We hosted the South Asian Association for Regional Cooperation (SAARC) expert group meeting in April 2006 to develop a work plan to implement a regional strategy. These policies and programmes have found fruition and success, as the prevalent statistics demonstrate.

Until recently, HIV/AIDS prevention was not considered a priority in conflict management. Security Council resolution 1308 (2000) recognizes the need to introduce prevention awareness among United Nations peacekeepers. Bangladesh remains firmly committed to the full implementation of that resolution. We take a modicum of pride in the fact that, out of 57,000 deployed, only 3 seropositive cases were detected. The record testifies to the effectiveness of our programmes.

Nonetheless, the fact remains that we are in a high-incidence zone. Some key factors that render us vulnerable are the high prevalence of the region, increased population movement through migration and lack of adequate awareness among the general population.

Undeniably, this is a critical area where significant support from development partners is essential. We would strongly urge the international community to provide predictable long-term resources to identify national priorities on HIV/AIDS. Significant assistance is also required for strengthening the technical and logistic capacity of the stakeholders in the multisectoral national response to HIV/AIDS.

Bangladesh welcomes the draft political declaration. All of us together must make it work.

AIDS is a silent war that claims 8,000 victims a day. It is a huge challenge, but one that must be confronted and surmounted. The journey ahead will be long and hard, but it is one that must be undertaken.

Not to do so would be at great peril to humanity. That cannot — must not — be allowed.

The President: I now give the floor to His Excellency Mr. Igor Dzundev, Permanent Representative of the former Yugoslav Republic of Macedonia.

Mr. Dzundev (the former Yugoslav Republic of Macedonia): Macedonia is a low-prevalence country with the lowest clinical diagnostic rate of incidence in the region — indeed, in all of Europe. However, regional trends indicate that there is a potential for the increased spread of HIV infection.

Priority areas and interventions within the national strategy are focused on the prevention of a possible epidemic of HIV infection through a multisectoral approach and the collaboration of the Government, local communities, civil society, international organizations, the private sector and the media. Nearly 50 per cent of the country's response is built on prevention strategies among youth as well as other groups with high-risk behaviour, such as needle exchange and drug substitution programmes.

Policies and programmes have been defined to protect and promote the health of the groups that are at greater risk for infection, such as injecting drug users, commercial sex workers, men having sex with men, mobile groups and the Roma community. A specific policy on youth is under preparation, focusing on young people and their sufficient access to information on how to protect themselves from HIV/AIDS by including the prevention of HIV/AIDS and sexually transmitted infection in school curriculums.

The Government has made progress in increasing the engagement of non-governmental sectors in the development, implementation and oversight of the national response to HIV/AIDS, mainly through established country coordination mechanisms and monitoring and evaluation mechanisms. The country coordination mechanism intends to submit a new application for a five-year programme on the sixth call for proposals recently announced by the Global Fund.

One issue of particular concern is the price of drugs. The market for antiretroviral drugs in most countries of the region is still modest, as the epidemic is young and relatively few people are in immediate need of treatment at this stage. The limited demand does not create strong incentives for pharmaceutical companies to ensure the registration of and negotiate price reductions for antiretroviral drugs and other HIV-related commodities. We therefore need a different approach, exploring bilateral and/or regional mechanisms.

Over the past two days, all of us coming from different parts of the world have extensively discussed the different yet similar problems we have experienced in the fight against HIV/AIDS. One may conclude that we have made progress since 2001, but much more remains to be done. The magnitude of the pandemic shows that clearly. The challenge is even more complex because the global scourge affects us in many ways, be it in terms of treatment, stigmatization, the availability of drugs, efforts to find a possible cure, or even survival in some parts of the world.

All of our societies are being affected in one way or another. This is our common fight, not the fight of an individual or of any particular affected population or a nation. There are no borders and no walls of protection. Sustainable and predictable financing, the strengthening of monitoring and evaluation mechanisms, and using resources efficiently and effectively are key points in supporting national programmes set up to reach people.

The global and regional solutions offered at this meeting, if implemented, can make a difference. Prevention is the only way to reverse the trend of the pandemic. That means education, information, training at all levels of society, and awareness. We must therefore recommit ourselves today to working jointly on ensuring new tools and new mechanisms; to further identifying problems, obstacles and constraints; to continuing to fight false myths and prejudices; and to continuing to work on the implementation of the agreed document with the renewed energy and sprit that have been so clearly manifested here. That may be nothing new, one might say, but there is no alternative to persistent commitment to the accomplishment of the goals we have agreed upon. We must not fail.

The President: I now give the floor to Mrs. Maria de Fatima Lima da Veiga, chairperson of the delegation of Cape Verde.

Mrs. Lima da Veiga (Cape Verde) (*spoke in French*): During the past two days of discussions, two important points of consensus have emerged. First, there must be more concerted, rapid and effective action — in short, more strategic. And secondly, there

must be ownership by each State and each Government of strategies to counter HIV/AIDS, because there cannot be a one-size-fits-all solution for such different economic, cultural and social realities. Ownership and effective partnership, therefore, are more necessary than ever, if we are to effectively strengthen prevention, care and support services, while establishing the conditions to ensure widespread access to treatment by 2010.

In Cape Verde, although HIV/AIDS prevalence rates are relatively low compared to other African countries, the risk of spread of the virus is real because of continued high-risk sexual behaviour and the increase in transborder movements. If it is not curbed, this risk of spread could have a major socio-economic and security impact. For that reason, the fight against this scourge is at the centre of the national political agenda.

Within the framework of our national strategic anti-AIDS plan for 2002 to 2006, the Government has continued to attach high priority to prevention. This multisectoral programme of action, which combines prevention with treatment and psychological and social support, was established through close cooperation with the private sector and civil society on the national level, and also thanks to international partners.

I am pleased to underscore that positive outcomes from this partnership are already visible. In fact, it has allowed for access to antiretroviral treatment and to paediatric antiretroviral medications, for the strengthening of actions for efforts for information and training, both within the country and for expatriate Cape Verdean communities, and for increased awareness on the widespread, responsible use of condoms and the introduction of female condoms and other methods of protection for young girls and women. Recent actions, including the adoption of a training manual and the carrying out of a study within the Cape Verdean community in Portugal, should help us build institutional capacities and thus provide for better prevention.

With respect to human rights guarantees for people living with HIV/AIDS, and in order to avoid practices that could worsen the situation, a Cape Verdean legal framework has been adopted. Thus, the new penal code sets forth specific provisions with respect to the management of the pandemic. These provisions are naturally complemented by the basic health law and the constitution of the Republic.

The strategic plan for 2002 to 2006 was financed by the World Bank and will soon expire. However, the risk of the spread is far from being controlled. The Government is working to prepare a new plan focusing on vulnerable groups. The plan also aims to better equip health services for systematic and early screening. To bridge the financial gap and to ensure implementation of the plan, the Government is hoping to be able to rely on ongoing support from its partners, both bilateral and multilateral, and also on the participation from the domestic and foreign private sector.

South-South cooperation is being planned in our country as a key tool to build effective partnerships in the fight against this pandemic. Accordingly, in November 2006, my country will host an important conference bringing together experts from a number of nations in the South who are seeking better ways and means to build capacities to counter the pandemic.

Regional consultations have identified a range of obstacles, including lack of access to financing, to improved effectiveness in joint activities against HIV/AIDS. That is why — while we welcome the various international initiatives aimed at reversing the trend of the pandemic, particularly in Africa — I join those who have called for simpler procedures for resource mobilization and management. That imperative must be coupled with innovative financing modalities if we are to consolidate the progress made and move forward resolutely towards the objectives that we set five years ago.

Treatment is a prerequisite for improving the living conditions of persons living with HIV/AIDS. Thus, in order to reduce the risks of the transmission of the pandemic, international action should also guarantee that drugs are affordable. I am therefore pleased that the draft political declaration to be adopted at the end of our work pays special attention to those aspects. In addition, I should like to welcome the launching, today in New York, of the International Drug Purchasing Facility.

The President: I now call **on** His Excellency Mr. Andreas Mavroyiannis, chairman of the delegation of Cyprus.

Mr. Mavroyiannis (Cyprus): Allow me at the outset to note that Cyprus is fully represented by the statement delivered earlier by the representative of Austria on behalf of the European Union (EU).

Five years after the 2001 special session, the collective effort of the international community to halt the spread of the pandemic of HIV/AIDS stands at a critical juncture. While much has been accomplished, the epidemic continues to defeat our global response. The year 2005 was marked by more infections and AIDS deaths than ever before.

It is now time for bold action. In our fight against AIDS, strong political leadership is essential. A comprehensive and all-inclusive approach is needed — one able to overcome obstacles and build long-term and sustainable strategies. In that regard, we welcome the report of the Secretary-General entitled "Declaration of Commitment on HIV/AIDS: five years later". The statistics contained in it speak for themselves and are most alarming, especially those regarding women, young people and children.

In Cyprus, HIV/AIDS infection has been maintained at the very low prevalence rate of 0.1 per cent of its population. Since 1986, when AIDS made its first appearance in Cyprus, the Government has made the issue one of its highest priorities. As of then, we set up time-bound plans of action against the epidemic, that have been systematically updated and adjusted based on new knowledge and experience and technological advances. Cyprus's policy is formulated in line with EU positions and in close coordination with its EU and other international partners.

Data patterns regarding HIV infection in Cyprus present a stable and consistent trend. Nevertheless, the Government continues to strictly monitor the situation by conducting studies to assess the threat posed by factors intimately linked to the virus, such as sexual behaviour and drug abuse. Cyprus has already put in place a strategic plan against AIDS for 2004-2008 that sets specific targets and goals, engaging in their achievement in all societal and governmental sectors. In order to secure the rights of AIDS patients and to eliminate stigma and discrimination, we have removed any legal or regulatory barriers that inhibit access to prevention, treatment, care and support.

Today, Cyprus joins its voice with the rest of the international community in renewing the promise to work with diligence and determination globally, regionally and nationally at the highest political level in order to achieve the commitments set out in the 2001 Declaration of Commitment and the Millennium Development Goal of ultimately achieving our common objective of halting and reversing the spread of AIDS.

The political declaration that will be adopted tonight sends a strong political message across the globe that the international community is determined and united to do everything possible for a world free of HIV/AIDS.

The President: I now give the floor to Ambassador Johan Verbeke, chairman of the delegation of Belgium.

Mr. Verbeke (*spoke in French*): Belgium associates itself with the statement made by the representative of Austria on behalf of the European Union and its member States.

Belgium would like to stress two points.

First, we unconditionally support the joint campaign led by UNICEF and the Joint United Nations Programme on HIV/AIDS. We must universalize the prevention of mother-to-child transmission of the disease. We must develop and guarantee universal access to paediatric treatment and testing. We must intensify the prevention campaign, particularly towards young people. And we must care for the children who are victims of HIV/AIDS or are affected by the pandemic's social consequences.

Secondly, Belgium will continue to stress the need to further improve access to prevention. Without a prevention and testing policy that respects human rights and is non-discriminatory, there can be no effective treatment and care policy. That was stressed in the statement adopted by the European Union on 1 December 2005, World AIDS Day.

In order to bear fruit, the prevention of HIV infection must use methods with proven effectiveness rather than depending on the separate implementation of a few isolated actions. Prevention requires, first of all, universal access for women, men, young people, male and female sex workers, men who have sex with men and drug users — particularly persons infected with HIV/AIDS — to reproductive health information and services so that they can have a full range of choices in that regard. Prevention also requires that accessible and comprehensive services promoting sexual and reproductive health be provided. In

addition, it involves continued and improved medical research to develop microbicides and vaccines that one day will enable us to live in a world without HIV/AIDS.

We must also ensure reliable access to essential products related to sexual and reproductive health and drug treatment and use. In terms of sexual and reproductive health, that means full access to male and female condoms; for drug users, it means access to replacement therapies and clean needles.

Naturally, prevention also relies on education, the teaching of safe behaviours and sex education. We must improve security for all children and strengthen protection against physical abuse, rape, unwanted pregnancies and sexually transmitted diseases, including, of course, HIV. We must promote voluntary testing and counselling in all health services — even when they are not directly linked to sexual and reproductive health — including in the areas of family planning, maternity and combating tuberculosis.

If necessary, action must also be taken to combat and remedy gender-based violence and to offer protection and support to victims of violence. That includes measures to prevent acts of sexual violence in general — particularly those committed as acts of war — through education and training campaigns for the armed forces and measures to end impunity for the perpetrators of such violence. Lastly, we must ensure the promotion of good practices in all workplaces, including the universal fight to prevent infection and ensure blood safety by avoiding blood-to-blood transmission, particularly in medical environments.

The President: I now call on His Excellency Mr. Somduth Soborun, chairman of the delegation of Mauritius.

Mr. Soborun (Mauritius): Allow me first to join previous speakers in congratulating Mr. Eliasson for the excellent manner in which he has conducted the business of the day. May I also take this opportunity to convey to him, on behalf of the Prime Minister of Mauritius, The Honourable Navinchandra Ramgoolam, his best wishes for the successful outcome of this important High-level Plenary Meeting.

I also wish to state that my delegation fully associates itself with the statement of Mr. Denis Sassou Nguesso, President of the Republic of the Congo and Chairman of the African Union.

We all agree that serious efforts have been made worldwide to check the HIV/AIDS pandemic. However, the question that we all ask is whether we are near the target that we set in the Declaration of Commitment in 2001. The answer, unfortunately, does not seem to be reassuring. Never in the last quarter century have we come across anything that has so seriously threatened the world than the HIV/AIDS pandemic. The negative impact of HIV/AIDS on human resources in the age group of 25 to 45, particularly in sub-Saharan Africa, is simply overwhelming and heartbreaking. An estimated 68 million people infected with HIV worldwide and 28 million deaths are indeed staggering figures that frighten the world in this age of technological advancement in medicines and pharmaceuticals.

The alarming rate at which the HIV/AIDS pandemic is ravaging innocent lives in our societies has far-reaching implications for our socio-economic development. It undermines our global efforts towards the achievement of the Millennium Development Goals.

Mauritius, as a low-prevalence country with respect to AIDS, is not eligible for global funds. However, it is sparing no effort within its means to fully implement the Declaration of Commitment on HIV/AIDS. In line with the Declaration, the National Committee on HIV/AIDS in Mauritius is chaired by no other person than the Prime Minister himself, with a view to ensuring that the epidemic obtains the highest level of attention for a comprehensive and integrated approach. Furthermore, we fully support the July 2005 pledges made by the G-8 countries at Gleneagles, which call, inter alia, for the implementation of a package for HIV prevention, treatment and care with the aim of providing universal access by 2010.

In the fight against HIV/AIDS, Mauritius has adopted a host of measures, including the following: reinforced blood transfusion safety through an upgraded central blood bank, backed by a virology laboratory; the establishment of a national day-care centre for the immuno-suppressed, along with the gradual extension of voluntary counselling and testing services; the provision of antiretroviral drugs free of charge to all infected persons in need; the approval of harm-minimization strategies, such as the introduction of methadone as substitution therapy; the elaboration of an HIV and AIDS preventive measures bill with a view to providing a comprehensive legal framework; and the

elaboration of a monitoring and evaluation framework in accordance with the "three ones" principle.

Prevention and treatment are two essential and mutually reinforcing components of successful strategies for HIV/AIDS prevention and impact mitigation. We must therefore deploy maximum efforts, on the one hand, to protect those who are safe and free from infection right now, while, on the other, we continue to provide the maximum treatment to those who are already infected. In other words, our ultimate aim should be, as far as possible, to reach out to everyone everywhere in a sustained manner so that human lives, which are so precious, may be saved.

Stigma and discrimination have damaging effects on HIV/AIDS patients. Therefore, legal, social and cultural barriers that act as hurdles and undermine access to interventions for those most at risk of HIV infection and most affected by AIDS need to be removed. A global partnership in shielding women and children living with the HIV/AIDS virus from any kind of discrimination is called for. Gender issues must be addressed to reduce women's vulnerability to the disease. Furthermore, it is imperative to protect and promote the AIDS-related human rights of people living with HIV/AIDS. Obviously, those require strong commitments from all segments of society, as well as adequate financial resources and the supply of prevention tools to disseminate and maintain behavioural change.

It is now time for each and every one of us to act in whatever modest capacity we can. Let us hope that the next time around, when we meet to review our achievement of the HIV/AIDS targets, we can demonstrate greater optimism, as by that time, hopefully, we will have made the world a better, safer and healthier place to live.

The President (*spoke in French*): I now give the floor to Ambassador Mostafa El Nakib, chairman of the delegation of Lebanon.

Mr. El Nakib (Lebanon) (*spoke in Arabic*): Permit me at the outset to thank you, Sir, for presiding over this High-level Meeting. My thanks go also to the Secretary-General and the Secretariat for their efforts to ensure its success.

The most recent statistics continue to show a high rate of increase in the number of new HIV/AIDS infections. That is placing a heavy burden on the development and growth capacity of many countries and is posing a threat to many other countries in terms of social, human, and economic disasters.

The progress of the disease in the Middle East, particularly in Lebanon, is similar to that experienced by countries that had a high infection prevalence rate at the beginning of the epidemic. Although current estimates continue to indicate a low prevalence of the disease in the region, we have noted an increasing number of new infections in the past few years, despite all the efforts made at the national and regional levels. That is requiring greater caution and a search for newer and more effective methods and tools to fight this scourge.

Lebanon was among the first countries to respond to the Declaration of Commitment adopted at the 2001 special session of the General Assembly on HIV/AIDS and has swiftly and in a timely manner met many of the targets set out in that document. We can cite several important achievements. First, we have established a national strategic plan to fight HIV/AIDS, with an operational plan to be implemented over a five-year period. Secondly, we have achieved universal access to care and treatment, with free antiretroviral treatment provided to all eligible patients. Thirdly, we have increased the level of cooperation and coordination among the public sector, the private sector and non-governmental organizations, particularly in the area of awareness-raising and education. That has resulted in increased coverage for a higher number of target groups, especially high-risk groups of young people and women.

Lebanon is currently experiencing a severe economic crisis that hinders its ability to achieve many of the targets it has established for the future. Naturally, that affects the strategic plan for combating HIV/AIDS. Despite the Government's efforts to mobilize national resources, they remain insufficient, and at this stage we need external support.

Unfortunately, Lebanon remains ineligible for support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, because it is classified as an upper-middle-income country. But the reality is different. Lebanon has a high national debt — more than $35 billion — which, if taken into consideration, brings its adjusted gross domestic product down to the lowest level of per capita income. If Lebanon receives Global Fund support, it will be able to ensure the continuity of the activities envisaged in its national

strategic plan to fight AIDS, as it seeks to stabilize the country's financial and economic situation.

The United Nations Theme Group on HIV/AIDS plays a positive and effective role in coordinating the activities of its member organizations by establishing an annual unified plan of action in keeping with the national strategic plan. Moreover, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its country teams are working actively to provide technical assistance to countries of the Middle East and North Africa (MENA) and their national AIDS programmes in all areas, particularly awareness-raising, prevention and capacity-building for staff, non-governmental organizations and other civil society actors on the national and regional levels. Those successes have prompted the MENA countries, especially Lebanon, to ask UNAIDS to expand its presence in the region by making more human and financial resources available. That will ultimately lead to a qualitative leap in cooperation and coordination among the region's countries, UNAIDS and other United Nations agencies. Indeed, the recommendations made at the most recent meeting held by the World Health Organization and UNAIDS for the MENA region stressed the importance of increasing the agency's presence, beginning with the creation of new UNAIDS coordinator posts in each country of the region.

We hereby reaffirm our country's commitment to meeting our previous obligation to meet the targets of the Declaration of Commitment adopted at the 2001 special session of the General Assembly on HIV/AIDS. Moreover, we commit ourselves to the recommendations to be issued following this meeting.

The President: I now call on His Excellency Mr. Marcello Spatafora, chairman of the delegation of Italy.

Mr. Spatafora (Italy): We still have a long way to go. That is the message that has emerged loud and clear from these two days of reflection and sharing of experiences.

The starting point for the fight against HIV/AIDS is the recognition of the full fundamental human rights of people infected and affected, especially women, young people and children. At the same time, we must acknowledge that, if a strategy is to be effective, it will take a strong financial commitment to fully funding the response, both by scaling up resources and by better utilizing the money invested in the struggle.

If there is a lesson to be learned from the 25-year history of combating the disease, it is that the front line of the battle lies in the need to strengthen national structures and health-care systems in the hardest-hit countries. That is a strategy that Italy endorses wholeheartedly because it is a part of the promotion of national ownership on the part of developing countries. Without local ownership, there will be no enduring progress and, at the end of the day, we will experience setbacks.

That is why Italy's action against HIV/AIDS has been marked from the outset by its investment in human and financial resources to strengthen the health care systems of developing countries in order to increase their capacity to counter the spread of HIV/AIDS, tuberculosis and malaria, as well as to deliver all the necessary health services to the population.

In that context, Italy recognizes the importance of working in coordination with all partners both inside and outside the countries, establishing broad partnerships that guarantee the full participation of civil society, affected communities and the private sector in delivering an effective response to the pandemic.

It has become increasingly clear in this ongoing struggle that a comprehensive approach must be taken if we are to meet the goal of universal access to prevention, treatment, care and support by the year 2010 through the establishment of adequately resourced national action plans, a comprehensive approach and coherence and complementarity among the various initiatives. In addition to those strategies, Italy is paying special attention to the funding of research for the development of new prevention tools, such as vaccines, including through the initiative known as "advanced market commitments".

Allow me to recall that, over the course of the past five years, Italy has steadily increased its contribution to the fight against the disease, investing a total of approximately €400 million, channelled through the United Nations system, the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, and the projects of non-governmental organizations. Italy was one of the founders of and continues to be one of the main donors to the Global Fund.

Consistent with that line of activity, Italy also intends to strengthen its present and future commitments by pursuing the cancellation of the debt of the countries of the Heavily Indebted Poor Countries Debt Initiative, among which, as we all know well, there are many with a high prevalence of HIV/AIDS.

In forums such as this, it is all too commonplace to say that, while much has been done, a great deal still remains to do. Let us make it a point not to confront the suffering of the world through platitudes and clichés. We can begin by doing everything possible to ensure that our declaration does not turn into an empty promise, as Ms. Khensani Mavasa, Deputy Chairperson of the Treatment Action Campaign, so poignantly implored us in her deeply moving address yesterday. If we are to have any chance, we must ensure that the declaration is followed up by strong, concrete and effective action in the field.

The President: I now give the floor to Ambassador Mihnea Motoc, chairman of the delegation of Romania.

Mr. Motoc (Romania): I should like to make only a few nationally specific comments, since the Federal Minister of Austria, speaking on behalf of the European Union, also spoke for Romania.

First, I have the sad duty to pay tribute to the memory of someone who could have continued to contribute immensely to the common struggle that has gathered us here this week: Dr. Lee Jong-wook, the late Director-General of the World Health Organization.

We have all been impressed by the wise and resolute statements made by the President of the General Assembly, the Secretary-General, Dr. Peter Piot and the many other eminent personalities attending the High-level Meeting on HIV/AIDS. Perhaps like many others, nothing appealed to my conscience more than the personal account and views shared with us in this Hall at the opening meeting by the young lady representing civil society, Ms. Khensani Mavasa (see A/60/PV.84).

We will not have done enough, and we cannot afford to rest, so long as such accounts are a thing of the present and, alas, of the future, and not of the past. True, we have accomplished much in terms of cooperation through international partnerships, given that HIV/AIDS has caused the single greatest reversal in the area of human development.

Lately, there have been reports of a global decline in the pandemic. However, that is based on developments in only about 10 countries, while the overall proportion of people affected worldwide is still higher than 1 per cent of the total population. New countries and new populations are being affected, and AIDS is becoming an especially severe threat to women and girls. We are clearly not there yet.

As for Romania, we have strived hard to deal with our own HIV/AIDS challenge. By the end of 2005, the total, cumulative number of registered HIV/AIDS patients in Romania was 7,623, of whom 465 were children. We are working within the framework of a national strategy for the period 2004-2007 with valuable support from the Joint United Nations Programme on HIV/AIDS, the World Health Organization, the United Nations Development Programme, UNICEF and the United Nations Population Fund. We are working under the assumption that HIV/AIDS is a health issue as much as it is a national security issue.

It is worth mentioning that in all of Central and Eastern Europe, Romania now has the largest number of people living with HIV/AIDS who are receiving treatment. More than 60,000 pregnant women were tested in 2005. The number of people infected with HIV/AIDS who have sought medical treatment and care has increased overall. A greater number of individuals — 6,400 — now have access to highly active antiretroviral therapy. Such therapy, as well as treatment for opportunistic infections, is provided free of charge. A larger number of long-term survivors between the ages of 13 and 15 has been recorded. These children, born in the years 1987 to 1990, are the main group in which HIV/AIDS cases have been diagnosed.

Those figures and the trends they suggest might be inspirational to others. We may take pride in certain notable accomplishments in the fight against the pandemic, but there is still work to do in the area of improving prevention and awareness-raising, and the prospect of new cases remains.

During this weeklong gathering, powerful representatives have reaffirmed their strong support for the 2001 United Nations Declaration of Commitment on HIV/AIDS — support that, we hope, will be shown at the end of the day as the political declaration of the High-level Meeting. Clearly, there is much that we can do together to subdue the pandemic.

We have forged invaluable partnerships, we have grown increasingly sensitive to the rights associated with HIV/AIDS and we have learned to live with the reality of the pandemic. But our ever-present and ultimate goal should be not to accept the fact that HIV/AIDS will fatally accompany the evolution of humankind, but rather to act stubbornly, selflessly and more creatively to prevent and eliminate it. We cannot resign ourselves to the inability to cure our own inner diseases while, at the same time, seeking to explore and conquer the universe. We need to believe that we will eventually prevail over HIV/AIDS.

The President: I now call on Mr. Milad Atieh to speak on behalf of the Syrian Arab Republic.

Mr. Atieh (Syrian Arab Republic) (*spoke in Arabic*): The challenge of stopping the AIDS pandemic is a national and international one. This scourge not only kills people but places a heavy burden on the shoulders of the world — a burden that in future will be even greater, with a larger number of countries strongly affected. It is difficult to foresee how the epidemic will progress if we do not adopt effective measures in the area of raising awareness with respect to the virus and to changing people's behaviour. We need to halt the spread of the disease, determine the appropriate treatment and medications and develop effective vaccines. We must facilitate access to such services as well as mobilize the necessary financial and human resources in order to attain this humanitarian objective.

In Syria, despite the fact that the rate of AIDS infection is limited, the fight against the pandemic is a priority. Within the framework of the Millennium plan to combat AIDS, we have established a national plan that includes the following: a strong national response; promotion of a comprehensive prevention strategy; development of evaluation services; and prevention of mother-to-child transmission. We must also ensure free treatment for those affected, as well as monitoring and surveillance, and promote the participation of civil society in the context of national efforts.

The prevention strategy is based on the following elements: raising awareness among individuals as to the dangers of the disease, especially among young people of both genders; voluntary counselling and testing services at the national level; health-care and awareness-raising services aimed at preventing the transmission of AIDS and other sexually transmitted infections; the prevention of mother-to-child transmission; and ensuring the safety of blood transfusions.

We must ensure access to appropriate medical treatment and psychological and social support as well as the provision of free antiretroviral medication for the poor and the sick. We need to take into consideration the civil and human rights of those who are infected as well as their right to work, study, seek help and care and live in dignity.

Mothers and children are considered an important category with regard to the prevention of AIDS and to its medical and social impact on them. We have adopted several national plans and programmes in that area. We also are striving to help refugees and immigrants who have left their countries due to difficult conditions and the foreign occupation of their land. This category is very important, and our State provides such persons with support and protection through various programmes and projects.

The national plan to combat AIDS takes into account the specific characteristics of Syrian society, including its traditions, sense of responsibility and religious beliefs. This has allowed us to achieve positive results in combating and limiting the spread of the disease.

Syria has adopted an international policy to fight the disease in coordination with the Joint United Nations Programme on HIV/AIDS (UNAIDS). Syria is seeking adequate financing to ensure the success, at the national level, of our fight against AIDS and sexually transmitted diseases. We also wish to benefit from international support in our fight against AIDS, tuberculosis and malaria. We would like help from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria in our combat, and we call on the wealthy and donor countries to help the poorer countries.

The President: I have the very warm pleasure of welcoming His Excellency Mr. Ban Ki-Moon, Minister for Foreign Affairs and Trade of the Republic of Korea, and giving him the floor.

Mr. Ban (Republic of Korea): It has been twenty-five years since the illnesses that have come to be called AIDS were first detected. Efforts over the last two and a half decades have demonstrated that treatment and prevention do yield results. However, there are still daunting challenges ahead of us. Forty million people are living with HIV/AIDS, 8,000 of

them die every day, and there are 14,000 new infections daily. The vast majority of people with HIV/AIDS, who have a wide range of needs, do not have access to appropriate medical and psychosocial treatment.

HIV/AIDS is not only an unprecedented public health challenge; it is also a profound threat to prospects for poverty reduction, childhood survival rates and economic development. The very foundations of society, governance and national security are being eroded by HIV/AIDS, with social and economic repercussions not only for the population of a country but also for its neighbours.

We do not need to discuss what we ought to do to combat the HIV/AIDS epidemic. The steps we need to take have already been clearly set out in the 2001 Declaration of Commitment on HIV/AIDS. What we need is concerted action and greater resources.

Prevention is a key response to an epidemic. This is particularly true in the case of HIV/AIDS, where neither a cure nor a vaccine exists. We need to make the expansion of HIV/AIDS education and awareness programmes a policy priority, particularly for vulnerable groups such as women and young people.

There is increasing confidence in scientific circles that it will be possible to develop a safe and effective HIV vaccine. We should step up the search for a vaccine as well as a cure, while redoubling our efforts to make treatment drugs available. Close cooperation with, and generous contributions from, the private sector are critical in that regard.

It is heart-wrenching to see already poverty-stricken countries staggering under the burden of HIV/AIDS cases. Their goals on the road towards economic development become even harder to reach due to a shrinking workforce, the result of premature deaths from HIV/AIDS. In this era of globalization and coexistence, we should expand comprehensive assistance to the least developed countries in Africa. A combined development assistance strategy that incorporates HIV/AIDS treatment and prevention must be sought to break the vicious circle of pandemic and underdevelopment. Success in the fight against HIV/AIDS is imperative in its own right as well as for the attainment of the other Millennium Development Goals.

Greater financial and human resources are needed to reach our goal of a world freed from the grip of HIV/AIDS. In this regard, as part of President Roo Moo-hyun's African initiative for development, which will triple development assistance to Africa by 2008, the Government of the Republic of Korea is pleased to announce a $10 million contribution to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria for the 2007-2009 term. We do so in honour of our compatriot, the late Dr. Lee Jong-wook, who so ably led the World Health Organization (WHO) in the fight against HIV/AIDS and other diseases. His untimely death is a tremendous loss that all Koreans deeply mourn. We are touched by and grateful for the outpouring of sympathy from around the world.

The Korean Government fully acknowledges the focused leadership and efforts that the United Nations has exerted in tackling HIV/AIDS issues. I believe that this year's High-level Plenary Meeting will generate fresh momentum to reaffirm our commitment and renew our efforts in the war against HIV/AIDS. The Republic of Korea will continue to work with other nations to halt the spread of HIV/AIDS and to reduce the suffering and save the lives of people who have HIV/AIDS.

The President: We condole with the people of the Republic of Korea on the loss of Dr. Lee and thank the representative of the Republic of Korea for the generosity and feeling he has shown in coming here to read out his statement.

I now give the floor to Ambassador Vsevolod Grigore, chairman of the delegation of the Republic of Moldova.

Mr. Grigore (Republic of Moldova) (*spoke in French*): The delegation of the Republic of Moldova associates itself with the statement made by the representative of Austria on behalf of the European Union. Given the importance of today's event and the gravity and urgency of the subject, I should like to touch upon several points of particular importance to my country.

First, we should like to thank the Secretary-General for his report (A/60/736) prepared for this High-level Meeting. It is an objective and well-reasoned overview that highlights both the successes and the gaps and contains appropriate recommendations. We welcome this comprehensive assessment, which should become a regular exercise.

The alarming trends reflected in the Secretary-General's report are also evident in a small country such as the Republic of Moldova. In the past five years, the progress of the epidemic in our country has been characterized by geographic expansion; the spread of the virus is increasing in both urban areas and rural communities. Despite the drop in the infection rate among injection drug users, we see an increase in the number of people infected through sexual transmission and of women infected by HIV/AIDS, which creates a basis for perinatal infection. The spread of the virus continues among people of reproductive age, particularly those aged 15 to 24.

It is difficult to even imagine what the situation would be in my country, as well as in the rest of the world, if the Declaration of Commitment on HIV/AIDS had not been adopted five years ago. Guided by that extremely important document, my country's Government considers the fight against HIV/AIDS a priority objective of national public health policy and constantly contributes to the elaboration and implementation of national prevention, treatment, care and support programmes and services. The new national programme to prevent and control HIV/AIDS infection has helped to reduce the spread of the disease and to reduce its impact on individuals and societies.

Over the past five years Moldova has benefited from international financial and logistical support amounting to almost $17 million. Those resources have been effectively used to improve HIV testing services, including for pregnant women and people who are most at risk; to purchase medication and to treat people living with HIV/AIDS who are suffering from opportunistic infections. Significant resources have been spent to design and implement a strategic communications framework, to promote educational activities for young people and to combat stigmatization and discrimination against people living with HIV/AIDS.

I have the honour and pleasure of expressing the profound gratitude of the Government of Moldova for the unconditional and timely support given to our country. As a country that is the recipient of assistance, we greatly appreciate the assistance that has been provided, and we are making every effort to use it effectively. According to the comments of World Bank experts expressed during a recent assessment mission in my country, the Republic of Moldova's HIV/AIDS and tuberculosis prevention and control programme is one of the best in the region.

The delegation of the Republic of Moldova would like to take this opportunity to appeal to the Assembly to mobilize all existing capacity to tackle HIV/AIDS in a manner commensurate with the scale of the scourge. The scourge represents a serious threat to humankind as a whole. At the same time, we would like to reaffirm that we are fully committed to formulating a firm and coherent policy in this regard, making sure that we fully utilize the invaluable assistance offered to us by international organizations now, at a time when the HIV/AIDS is expanding at an alarming rate in our region.

The President: I now call on Mr. Ahmed Own of the Libyan Arab Jamahiriya.

Mr. Own (Libyan Arab Jamahiriya) (*spoke in Arabic*): During the special session of the General Assembly on HIV/AIDS in 2001, world leaders drew attention to the great challenge that this epidemic poses to the lives and dignity of human beings worldwide. In their Declaration, they made a unanimous commitment to launching an extraordinary campaign to combat it.

As a result, some tangible progress has been achieved, although it has not risen to the level desired by the peoples of the world. We believe that this High-level Plenary Meeting for a comprehensive review of the Declaration will give us an opportunity of great importance through which the world's leaders will pave the way to realizing all the goals envisioned by the Declaration and to continuing the anti-HIV/AIDS campaign with vigour and determination in order to stem and totally eliminate the disease.

My delegation fully associates itself with the statement of the President of the Congo, the current Chairman of the African Union.

My country's delegation highly appreciates the contents of the Secretary-General's report entitled "Declaration of Commitment on HIV/AIDS: five years later", contained in document A/60/736, and his memorandum entitled "Scaling up HIV prevention, treatment, care and support", contained in document A/60/737. My country has devoted special care to confronting that scourge and to preventing it at the national, regional and global levels through educational, preventive and treatment programmes. In that regard, my country has provided a great deal of support in every field

to sisterly African countries affected by the scourge, particularly the countries of the southern Sahara.

The Secretary-General's report indicates that currently more than 40 million people are infected by HIV/AIDS, despite the fact that allocations for programmes to combat it more than quadrupled from 2001 to 2005; in addition, the number of those receiving antiretroviral treatment increased fivefold. Nevertheless, the cases of infection and death by AIDS have increased significantly to an unprecedented level. That requires us to face the challenge as one, and every member of the international community — especially the developed nations that possess the financial means and the technology to put an end to the problem — should fully shoulder its responsibilities in preventing the scourge.

Achieving the goal of combating HIV/AIDS, as set out in the 2001 Declaration, requires numerous measures, foremost among which are the following.

First, national priorities should be identified and supported by devising and developing plans to combat AIDS, along with estimated costs, with the assistance of international financial institutions and donor countries under viable and reasonable conditions.

Second, the financial requirements for the fight against AIDS must be met through an increase in domestic and international spending, as well as by enabling the developing countries in particular to obtain long-term and predictable financial resources.

Third, far-reaching arrangements must be drawn up to enhance human resource capacities to provide HIV/AIDS prevention, treatment, care and support and to enable health, educational and social systems to prepare an effective response to AIDS.

Fourth, the main obstacles in the fields of pricing, customs fees, trade and general organizational policy, as well as research and development, must be eliminated so that basic goods, medications and other essential items relating to the prevention and combat of HIV/AIDS can be promptly obtained.

Fifth, pharmaceutical companies, international donors, multilateral organizations and other partners must develop partnerships between the private and the public sectors to accelerate the pace of developing anti-HIV/AIDS pharmaceutical drugs.

Sixth, all those infected by HIV throughout the world — especially vulnerable groups, such as women and children in the developing countries, who are the most at risk — should have access to available and affordable treatment.

Seventh, we must wage a global fight against the factors that lead to an increase in the risks of contracting the virus, such as poverty, ignorance, economic and gender inequality, and all other forms of discrimination and social alienation.

Finally, we hope and expect that this comprehensive review and High-level Plenary Meeting on HIV/AIDS will provide the world's leaders with a unique opportunity to propose an ambitious plan that would fulfil the commitments they made in 2001, so that history and future generations may bear witness that they have done their best in 2006 to eliminate the AIDS epidemic.

The President: I give the floor to His Excellency Mr. Emilio Messina, chairman of the delegation of Panama.

Mr. Messina (Panama) (*spoke in Spanish*): At the outset, we would like to associate ourselves with the statement made earlier by the representative of Guyana on behalf of the Rio Group.

Five years ago, addressing the General Assembly, the representative of Panama affirmed:

> "Treatment for the disease is a true human right. And no less true is the obligation of all people to prevent its spread. The watchword today is to stop the advance of HIV/AIDS. We must of necessity start educating people from a very early age, so as to be able ultimately to eradicate this scourge." (*A/S-26/PV.4, p. 8*)

In this context, the Government of Panama is greatly troubled by the expansion and the feminization of the epidemic, which is having the greatest impact on our young people, posing a challenge to national development. We recognize that only through a determined effort on the part of the whole of Panamanian society, led by the Government, will we be able to stop AIDS.

Panama has made some headway in the field of care and treatment. Currently, 100 per cent of insured and 70 per cent of uninsured patients are receiving treatment. There are now nine decentralized clinics that provide antiretroviral therapy to people living with

HIV/AIDS. That has resulted in a decrease in the number of AIDS-related deaths in our country.

The reduction of the vertical transmission of HIV is one of the Government's main priorities. We have therefore set up a programme to provide universal free screening for pregnant women. In 2004, only 21 per cent of pregnant women were being tested for HIV. Now, in 2006, the testing of pregnant women has increased, which augurs well for our country.

The Ministry of Health, with firm support from the Joint United Nations Programme on HIV/AIDS and the Pan American Health Organization, through their representation in Panama, has initiated a nationwide social consultation and mobilization campaign involving various groups, including civil society organizations, including neighbourhood and health associations and groups representing people living with HIV/AIDS. The objective is to enhance their capacities so that the health sector can truly have on a social and human perspective and provide treatment in a culturally sensitive context, thereby strengthening prevention and awareness-raising activities on an ongoing basis, with community support.

We reaffirm our decision to continue implementing the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), adopted by the General Assembly in 2001. The nature of the epidemic requires firm leadership and an agreed plan with an enhanced monitoring mechanism. With that in mind, we would like to draw attention, first, to the commitment made by our President to lead the struggle against HIV/AIDS by providing full and personal support for the National Commission to Combat HIV/AIDS, which Panama set up as a result of the special session on HIV/AIDS.

Secondly, we will continue implementing our multisectoral national strategic programme, with the broadest possible participation of all social sectors and the commitment of all State institutions, doing our utmost to achieve universal access for all who need treatment. Focusing on prevention, we intend to ensure universal access to information about prevention for all Panamanians, especially the most vulnerable — indigenous people, the poor, young people and women — fully respecting sexual preference, gender, multicultural aspects and the right to health of all men and women.

Thirdly, we are determined to develop, within the framework of the national statistical strategy, a comprehensive public health monitoring system, designed to reduce inequities and ensure that any decisions taken are evidence-based and rooted in the democratic principles of responsibility and accountability, with the broadest possible participation of civil society.

Panama's national response to AIDS will be integrated into our poverty-reduction strategies and national development plans. We call upon all to ensure that the health, education and social sectors respond in a comprehensive manner to HIV/AIDS and take full account of the recommendations emanating from this global meeting in terms of priority-setting, predictable financing, the strengthening of human resources, access to high-quality basic commodities, protection of human rights, taking stock of our achievements and accountability to society.

The President: I now call on His Excellency Mr. Mohamed Latheef, chairman of the delegation of Maldives.

Mr. Latheef (Maldives): Since the General Assembly sat in special session in 2001 to commit to combating the HIV/AIDS epidemic, much has been achieved. The report of the Secretary-General clearly registers major efforts by individual countries and the international community as a whole. Financial resources made available for HIV/AIDS programmes have increased, access for the victims to medication and antiretroviral therapy has been significantly enhanced in many developing countries, and awareness amongst the most vulnerable and high-risk sectors has improved as well.

A once endless, dark tunnel is now finally starting to flicker with light. Proper planning, sustained resources and the effective implementation of prevention programmes have yielded positive results. The achievements of some countries in sub-Saharan Africa, as well as some States in southern India, stand out to justify that hope. However, we cannot be complacent. This is only a fraction of the effort that is required to halt and reverse the spread of the epidemic and to achieve the targets of the Millennium Development Goals.

In the Maldives, a comprehensive National AIDS Control Program was established in 1987, four years before the first case of HIV was diagnosed. Since then,

that multisectoral programme, with strong political commitment and leadership at the highest levels of Government, and the active participation of non-governmental organizations and the private sector, has played the central role in the prevention and control of HIV/AIDS in the country. Strong religious and cultural convictions, as well as the remoteness of the country, may have contributed to the prevention of an onslaught thus far.

The first case of HIV/AIDS was detected in the country in 1991. Since then, to date a total of 11 cases have been confirmed, of which six patients have sadly passed away of AIDS-related diseases. Although the number of cases may be relatively small, the potential threat that looms over my country cannot be overemphasized. Of late, our population has become increasingly mobile, while at the same time our dependence on a floating migrant worker population has inflated. That, combined with the wide circulation of a large tourist population, has exposed us to an unprecedented level of vulnerability. The high rate of divorce and remarriage, the high rate of unemployment among youth, the rise in drug and substance abuse among young people, as well as the numerous constraints on conducting an effective awareness and surveillance programmes — due to the lack of human and financial resources and to logistical difficulties caused by the structural handicaps of the country — are but some factors that contribute to the prospect of a feared epidemic in the country. Furthermore, the 2004 Indian Ocean tsunami has posed new challenges for my country. If not addressed on an urgent basis, those challenges could yield a fertile environment for exacerbated vulnerability.

My country is confident that this High-level Meeting of the General Assembly will reaffirm the commitments made in the 2001 Declaration and chart a clear course of action for the future. That should be a course to which all peoples of the world, regardless of their social, cultural, religious or political differences, can fully subscribe. Ensuring the full protection and enjoyment of the fundamental human rights of affected people, eliminating stigma and discrimination and promoting gender equality and the empowerment of women should remain fundamental and should form the core of our work. It is absolutely essential for us all to demonstrate our full political will and to commit all the resources that are required to achieve our targets. We believe that the active and dedicated involvement of civil society and private sector stakeholders, such as the pharmaceutical industry and large multinational corporations, is a prerequisite if we are to fight this epidemic in a meaningful manner.

I assure the Assembly of the full support and cooperation of my country; we pledge to do all we can to rid the world of this deadly pandemic.

The President: I give the floor to His Excellency Mr. Collin Beck, chairman of the delegation of Solomon Islands.

Mr. Beck (Solomon Islands): Solomon Islands would like to associate itself with the statement made by the representative of Papua New Guinea on behalf of the Pacific Islands Forum group of States and to take this opportunity to make some comments in its national capacity as a small island developing State with least-developed-country status.

The bulk of the Solomon Islands population is young and sexually active. We recognize how vulnerable we are in many respects, and attach a great deal of importance to the matter before us today. Another preventable disease — malaria — remains the country's number-one killer.

Solomon Islands remains committed to addressing the threat and the incidence of HIV/AIDS, and has put in place a national multisectoral strategic plan for 2003 to 2006. This will remain no more than a strategy unless it is resourced and supported. My delegation is convinced that it is through partnership, both internal and external, with all stakeholders, including civil society, that we can really make a difference.

HIV has the potential to impose a social and economic burden on countries already under stress, especially those, such as Solomon Islands, recovering from conflict situations. A new approach needs to be adopted to halt the spread of infection. Identified gaps discussed in such gatherings as this one must be catalogued, addressed and bridged.

Solomon Islands would like to propose a number of specific actions. First, we must treat the disease globally and holistically in a fair and equitable manner. The Asia-Pacific region is home to two thirds of the world's 1 billion poor, yet it is not given enough attention by the wider community. The lack of support to the region has created weak links in our global fight against HIV/AIDS. Some reports estimate that, if

nothing is done soon, by 2010 my subregion will account for 40 per cent of new HIV cases.

Secondly, the international community must accord the same status to HIV/AIDS as it does to other security threats facing the world today. Certain threats continue to receive more resources than does HIV/AIDS. Yet more people die from that preventable disease than from other threats, including wars.

Thirdly, we must combat this pandemic from a development perspective. We must address the root cause of HIV/AIDS: poverty. We must not work around it, but address it head on. Such bold action must be people-centred and rural-focused, with emphasis on agriculture. By changing the economic conditions of our people, we will see a more positive response to awareness and preventative programmes.

Fourthly, our fight against HIV/AIDS must be fought with a strong, coherent and well-coordinated United Nations system that is properly equipped to assist countries with the right tools to combat the disease on all fronts. That can be done only by providing financial resources in a more timely and predictable manner.

Fifthly, my delegation believes that there should be special arrangements for small island developing States and least developed countries to tap into the Global Fund to Fight AIDS, Tuberculosis and Malaria. For small island developing States, the stringent mechanisms in place have made it difficult for small island States to access Global Fund resources. The recent Pacific regional HIV/AIDS proposal was prepared at a cost of $350,000, only for it to be rejected. It is disturbing to note that our global system has grown so large that a $20 million subregional project covering awareness, education and treatment, might be considered too small for such funds to consider supporting.

Sixthly, we must make it our business to ensure that treatment reaches all those who need it. For developing countries, it is a challenge to get people tested. But it is worse not to provide them with treatment because it is too expensive or not available.

Finally, I would like to close by making a plea to the international community that we invest in our people and avoid paying a future high cost by treating a problem that is preventable now. We must match our commitment with resources lest we fail our people once again.

The President: I wish to urge delegations to observe the time limit for statements; the segment in Conference Room 3 has completed its work and participants are waiting for us to join them in the General Assembly Hall.

I now give the floor to His Excellency Mr. Erasmo Lara-Peña, chairman of the delegation of the Dominican Republic.

Mr. Lara-Peña (Dominican Republic) (*spoke in Spanish*): The Dominican Republic reaffirms the commitments undertaken in the Declaration (resolution S-26/2, annex) adopted in 2001 at the twenty-sixth special session of the General Assembly. Under United Nations guidance, we have mobilized significant financial, scientific and human resources to address the problem of HIV/AIDS and to build a strong and comprehensive national response. This commits us to enhance coordination and intensify national and local activities to ensure a comprehensive response. We have also adopted the "three ones" strategy promoted by the Joint United Nations Programme on HIV/AIDS (UNAIDS), along with the Millennium Development Goals.

I wish to say a few words about our approach. Our national response is directed by our national authority, the Presidential AIDS Council. We are promoting the gradual inclusion and active participation of the nation's social stakeholders at the highest level of influence and decision-making, and are strengthening joint management between the State and the civil society organizations in the health sector by creating and strengthening strategic alliances between governmental and non-governmental public service organizations.

We have noted the feminization of the HIV/AIDS epidemic in our country over the past few years and are emphasizing the protection of babies, young people and women by promoting citizenship, gender equality, equal opportunity and the empowerment of women with respect to sexual and reproductive rights as basic elements to reduce the vulnerability of women, adolescents and girls to HIV/AIDS.

We know that HIV/AIDS respects no social barriers, political and administrative boundaries or national borders. So we are undertaking the coordinated development — as a joint effort of

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Government, civil society organizations in the HIV/AIDS field and representatives in the neighbouring Republic of Haiti — of a bi-national strategy for our two countries. Along the same lines, in order gradually to scale up the technical, economic and financial sustainability of programmes for the prevention of sexually transmitted infections and HIV/AIDS and the comprehensive care of people living with HIV/AIDS, including tuberculosis co-infection, over the coming four years, we are developing actions to include the costs of the national response in the spending allocations of the national budget. Here, we acknowledge the assistance provided by the international community in carrying out activities related to national needs, priorities and programmes.

We are developing actions to reduce the stigma and discrimination against people living with HIV/AIDS by promoting the defence of their human rights. Here we are acting in an alliance with all civil society actors in the human rights sphere, and within the legal framework regarding HIV/AIDS. We are determined to ensure that, in the coming years, people living with HIV/AIDS fully enjoy all their human rights and fundamental freedoms, with an emphasis on access to, inter alia, education, inheritance rights, employment, health care, social and health services, prevention, support, treatment, information and legal protections, all with respect for privacy and confidentiality concerning their status.

The Dominican Republic welcomes the convening of this important High-level Meeting and joins the rest of the international community in the effort to seek alternative means of financing and to provide technical and legal assistance in the fight against an epidemic that affects the most vulnerable members of our societies and acts as a barrier to the development of our peoples. It is my hope that this meeting will strengthen the commitment we are all defending here.

The President: I give the floor to His Excellency Mr. Yashar Aliyev, chairman of the delegation of Azerbaijan.

Mr. Aliyev (Azerbaijan): Although Azerbaijan is classified as a country with low HIV infection rates, it is currently on the edge of the concentrated stage of the epidemic. The Government has undertaken specific measures to address prevention, treatment and monitoring of the disease under the national strategic plan for prevention and control of HIV/AIDS for 2002 to 2006. The Global Fund to Fight AIDS, Tuberculosis and Malaria has granted $6 million to facilitate the implementation of the plan, through scaling up HIV/AIDS and sexually-transmitted infection prevention programmes for the most vulnerable groups, strengthening treatment, care and support for those affected and carrying out a multisectoral approach to strengthen the institutional capacity of the country.

However, gaps still remain in addressing the spread of HIV/AIDS. Among the multiple factors contributing to the growing rates of the epidemic are social and economic vulnerability, particularly among the unemployed and those migrating to countries with high rates of the disease. Furthermore, social taboos and stigmatization prevent open discussion of the problem.

Refugees and injecting drug users face particular difficulties due to low living standards and inadequate access to health care services, which increases their vulnerability to the disease. In that regard, we place special emphasis on prevention and awareness-raising programmes, in particular among women, young people and those migrating to countries with high rates of the disease. Another important set of measures is aimed at increasing knowledge of sexual and reproductive health issues throughout the country, targeting young people living in rural and border regions.

In a more general context, effective national policies to eliminate poverty and unemployment and increase the social and economic security of the population, especially in border regions in order to reduce migration rates, also contribute to halting the spread of HIV/AIDS.

Ensuring wide and equitable access to treatment requires action to reduce prices of medications and technologies. That has been an important element of our policy to address the HIV/AIDS pandemic. We are pleased to note that, in February 2005, Azerbaijan, with the support of the Joint United Nations Programme on HIV/AIDS (UNAIDS), hosted a meeting of the Commonwealth of Independent States (CIS) Coordinating Council on HIV/AIDS on infection problems of CIS member States. Participants discussed the problems of improving access to quality antiretroviral drugs at affordable prices in CIS

countries and came up with important recommendations to address the issue at the highest political level nationally and regionally.

Full and active involvement of civil society is a key element in ensuring an effective response. Participation of and continued dialogue with non-governmental organizations, religious and community leaders and people living with HIV/AIDS and groups at risk in the elaboration and implementation of relevant policies and programmes play a crucial role in ensuring their efficiency and in reaching national and international targets.

Furthermore, eliminating stigma and discrimination is of paramount importance in addressing the pandemic. We believe that international organizations can play a more active role in assisting countries in their efforts to overcome challenges arising from persisting discriminatory stereotypes.

In conclusion, we would like to commend UNAIDS, led by Dr. Peter Piot, and the other key players, for their continued leadership in helping the world to prevent new HIV infections, ensure care for those affected and mitigate the impact of the pandemic.

The President: I now give the floor to His Eminence Cardinal Javier Lozano Barragán, President of the Pontifical Council for Health Care of the observer State of the Holy See.

Cardinal Barragán (Holy See) (*spoke in Spanish*): I have the honour of bringing the greetings of His Holiness Pope Benedict XVI to all who are engaged in the fight against HIV/AIDS. The Pope is deeply concerned about the spread of the pandemic and guarantees that the work that the Catholic Church does to stop this scourge will continue and increase.

Since the AIDS pandemic began, the Catholic Church has fought it on the medical, social and spiritual levels: 26.7 per cent of the world's centres that treat HIV/AIDS patients are within the Catholic Church. Our work focuses on the training of health care professionals, as well as on prevention, treatment, care and assistance, both for the sick and for their families.

Caritas International reports that it is working in 102 countries. According to responses to Holy See studies, we have reports on action against the pandemic in 62 countries: 28 in Africa, nine in America, nine in Asia, 16 in Europe and three in Oceania.

Our main training programmes are addressed to health care professionals, priests, religious, the sick themselves, families and young people. In prevention, we stress information and education towards behaviour that will avoid the pandemic.

We understand that the contributions of the family are vital and effective in the field of education and training. We provide education and training also through publications, conferences and the sharing of experiences and skills. As for health care and assistance to the sick, we stress the training of physicians, paramedical personnel, chaplains and volunteers. We fight stigma, facilitate testing, counselling and reconciliation. We provide antiretrovirals and drugs to stop vertical mother-to-child transmission and blood contagion. In the area of caring for and supporting the sick, we stress avoiding contagion and taking care of orphans, widows and prisoners. We are helping with the social reintegration of these patients and are working with Governments and other institutions engaged in the field on both the civil and ecumenical levels.

Regarding the economic aspect, the late Pope John Paul II established the Good Samaritan Foundation to support the neediest patients — now, especially those afflicted with AIDS. To date, we have facilitated the acquisition of antiretrovirals in 18 countries: 13 in Africa, three in the Americas and two in Asia. The funds given to these centres came from the contributions of Catholics in 19 countries, from America, Asia, Europe and Africa itself.

For further information on our work and commitment, we have prepared a brief publication, copies of which are available to participants.

The President: In accordance with General Assembly resolution 57/32 of 19 November 2002, I now call on Her Excellency The Honourable M. N. Mensah, Vice-President of the Executive Committee of the Inter-Parliamentary Union and chairperson of the observer delegation of the Inter-Parliamentary Union.

Ms. Mensah (Inter-Parliamentary Union): I take the floor this afternoon on behalf of the Inter-Parliamentary Union (IPU), the world organization of parliaments. We have heard much about the need for Governments to show the leadership necessary to reverse the tide of this terrible pandemic. Less frequent mention is made of the role of parliaments in the struggle, but it is my personal conviction, both as a Namibian politician and Deputy Speaker of Parliament,

and as Vice-President of the IPU Executive Committee, that a more sustained and direct involvement of parliaments is required if we are to meet the goals set forth in the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex).

Parliaments wield influence and are a force for change in many different ways. Parliaments debate and adopt the national budgets that provide the funds for AIDS prevention and control. Parliamentarians also have formidable advocacy powers. They scrutinize their Governments' spending of the funds they have voted and they call them to order when they are not satisfied with the results. They play a critical role in involving their constituencies, including those affected by HIV/AIDS and those at risk, in the policymaking process.

The IPU's involvement in this cause took a major step forward at our 112th Assembly, held in Manila in spring 2005, when a landmark resolution was adopted on the role of parliaments in advocating and enforcing the observance of human rights in strategies for dealing with the pandemic. This comprehensive resolution was widely applauded within the United Nations community, and it serves as a valuable plan of action at the parliamentary level.

Building on that resolution, we have since organized a number of activities and events, working in conjunction with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP) and UNICEF. Just recently, at our 114th Assembly, held in Nairobi, we held a substantive panel debate on children and AIDS, at which participants acknowledged their enormous need for parliamentarians to show more leadership in an area where enlightened statesmanship is sometimes sorely lacking.

Yesterday, we came together at a parliamentary caucus in the margins of this major United Nations review conference. Some 60 parliamentarians from 30 countries attended, many of whom are members of specialized HIV/AIDS committees in their national parliaments. At the close of a vibrant round of discussions, we established a core group of parliamentarians who will be entrusted with carrying forward AIDS-related work nationally, within parliaments, as well as in the international parliamentary arena.

In conclusion, I think I can say that in future we will be seeing parliaments and the IPU — their world organization — taking a more aggressive stand on HIV/AIDS issues. Our electors expect no less of us.

The President: In accordance with General Assembly resolution 49/2 of 19 October 1994, I call on Mr. Shimelis Adugna, Vice-President and chairman of the observer delegation of the International Federation of Red Cross and Red Crescent Societies.

Mr. Adugna (International Federation of Red Cross and Red Crescent Societies): As the Assembly is meeting in the aftermath of the recent earthquake in Indonesia, let me, on behalf of the International Federation of Red Cross and Red Crescent Societies, express our sympathy to the people and the Government of Indonesia. For a second time in 18 months, they have been subjected to a disaster with loss of life and livelihoods. With the support and generous response of the international community and in cooperation with our partners in Indonesia, we are doing our utmost to assist survivors and to encourage them to rebuild their livelihoods.

We are gathered here to review the implementation of our commitments in the fight against HIV/AIDS vis-à-vis the targets and time lines to which we committed ourselves five years ago. We consider this to be an opportunity to learn, to share our experiences and to engage in an honest assessment of our performance, so that we may strengthen our resolve to act more vigorously on our common Declaration.

The International Federation of Red Cross and Red Crescent Societies has tried to keep the promise it made at the 2001 special session. Five years ago, our HIV/AIDS activities were rather limited. Since then, we have scaled up our work 10 times over and have increased quality through evidence-based programming. We have formed partnerships with people living with HIV in most parts of the world where our member societies are active, created the Masambo Fund to provide antiretroviral treatment to staff and volunteers, hosted a project to create a code of good practice for non-governmental organizations responding to HIV/AIDS, scaled up harm reduction work including needle exchange for injecting drug users, campaigned in 128 countries against HIV-related stigma and discrimination as a collaborating centre of the Joint United Nations Programme on HIV/AIDS and provided two alternate board members for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

We are highlighting our efforts to do better and to translate our promise into action, but we have also tried to take a critical look at our performance by willingly subjecting ourselves to an external evaluation of our activities and by making the evaluation results public. We have been able to see ourselves as others see us and have realized that there are areas for improvement. In line with the recommendations of the evaluation, we are engaged in dialogue and are charting better approaches to achieving our objectives in order to contribute substantially to the collective effort of all of us.

Another area which should be given due attention is the plight of children orphaned by HIV/AIDS. Even now, in 2006, far too many children, African children in particular — 11 million of them — have been orphaned due to AIDS, and still more are likely to be orphaned. To improve treatment delivery, the Federation has developed eight training modules to prepare home-based care volunteers for their role in antiretroviral treatment support. We and our national societies take a holistic approach to treatment support as we seek to address nutrition, water and sanitation, HIV prevention, treatment literacy, self-care skills and other efforts to empower people living with HIV/AIDS. The modules have been developed, in collaboration with the World Health Organization and the Southern Africa HIV and AIDS Information Dissemination Service, to fill a real gap in knowledge at the community level about living with antiretroviral therapy. Training is an issue at all levels, but our special focus is on marginalized and the most vulnerable communities.

To move from failure to success in the global AIDS response, the Federation proposes three concrete actions to be taken by Governments. First, Governments should ensure that round 6 of the Global Fund to Fight AIDS, Tuberculosis and Malaria is fully funded and that the Global Fund is able to maintain its commitments and offer a new funding round every year. This must be matched by recipient countries and should involve civil society as respected partners in national responses.

Secondly, Governments should help develop and implement accountability mechanisms for all. Accountability in the response by non-governmental organizations can be supported through financial commitments to a phase two of the code of good practice for non-governmental organizations responding to HIV. Accountability can also be greatly enhanced if those making commitments measure their own results, whether from time to time through evaluations or on a regular and more consistent basis through national planning in partnership with Red Cross and Red Crescent societies and people living with HIV/AIDS. Only yesterday, the Government of Finland, in keeping with a pledge made at the twenty-eighth International Conference of the Red Cross and Red Crescent to work with its national Red Cross society, gave its support and provided funding to that society.

Thirdly, Governments should consider funding the development and maintenance of Red Cross and Red Crescent volunteer networks in each country when they are engaged in Government activities related to HIV. Governments should also recognize that people living with HIV/AIDS are a key human resource, that their networks should be developed at the national level and that their voices should be heard and their actions considered.

That brings me to my final point, but a vital one. Marginalization and stigma are still a major impediment to real progress — one that must be corrected and given great attention. We should have sorted out this issue by the time we meet again.

Let me conclude by recalling that there is an old saying in Ethiopia: "You dare not get hold of a tiger's tail, but once you do, you must never let go". HIV/AIDS is the tiger whose tail we have got hold of, and we cannot afford to let go.

The President: In accordance with General Assembly resolution 48/265 of 24 August 1994, I now call on His Excellency Mr. Robert Shafer, chairman of the observer delegation of the Sovereign Military Order of Malta.

Mr. Shafer (Sovereign Military Order of Malta): Thank you, Mr. President, for having given me the opportunity to take the floor. Five years after the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), we have an important responsibility to assess our progress and to ensure that all is being done to fight this devastating scourge. Slowing the spread of HIV/AIDS is inextricably tied to larger development issues, including the Millennium Development Goals of reducing poverty, hunger and childhood mortality. It is vital that effective and efficient methods of prevention and treatment be made available, because for the first time in the history of the disease the world

possesses the means to begin to reverse the global epidemic.

The Sovereign Military Order of Malta stands as a partner in the worldwide effort to stop the spread of HIV/AIDS and to improve the lives of those already infected. Sadly, mother-to-child transmission of HIV/AIDS accounts for 90 per cent of new infections in children under 15 years old. The Order of Malta seeks to end the transmission of HIV/AIDS from mother to child by providing access to screening, prenatal therapies and treatments. For those already suffering, the Order has established programmes of medical and palliative care.

Part and parcel of treatment is the training of health care workers in the community. According to the World Health Organization, 1.3 billion people worldwide lack access to basic health care. One of the overriding causes of that great injustice is the lack of workers to provide care. Often, doctors, nurses and other health care workers from the developing world migrate to the developed countries to work. It is estimated that in order to achieve the Millennium Development Goals, Africa alone will require more than 1 million new health care workers. The Order of Malta seeks to alleviate the strain placed upon the few overburdened workers available and to actively engage the population in their own health. The training of local community members in vital health care tasks is always a priority, even in the most remote centres of the world, and we have been doing it for 950 years.

The Order of Malta strives to administer its humanitarian aid in a fashion that both ensures sustainability and diminishes the causes of need in the first instance. A major component of the work of the Order is not just addressing acute crises as they occur, but helping to create structures and mechanisms that sustainably blend into the local communities. In line with the draft declaration, the Order believes that the HIV/AIDS response must be part of a comprehensive strategy that addresses basic health care needs. We know that, by offering regular health care, many illnesses can be prevented entirely. The health care paradigm can shift from treating acute problems to prevention, where it should be. We hope that, through the establishment of health care centres and the provision of vaccines that change will soon be effected.

At this critical five-year mark, Malta recognizes the importance of evaluating the progress made thus far in the AIDS fight. We are proud to work in harmony with the States Members of the United Nations to achieve the goal of universal access to treatment by 2010 for all who need it. It will be through international cooperation and coordination only that this blight upon humanity can be eliminated.

The President: In accordance with General Assembly resolution 3208 (XXIX) of 11 October 1974, I now call upon Mr. Fernando Valenzuela, chairman of the observer delegation for the European Community.

Mr. Valenzuela (European Community): We are deeply concerned about HIV/AIDS and its devastating impact on the lives of millions of people. Despite the fact that the international community has invested considerable resources to confront HIV/AIDS, the epidemic is still not under control and the response to the disease continues to be underfunded. In that regard, I would like to reiterate our strong commitment to scale up interventions and to provide the necessary support to partner countries in their efforts to achieve the goal of halting and beginning to reverse the spread of HIV/AIDS, as well as to achieve all the other Millennium Development Goals.

In order to ensure the implementation of its commitments, the European Commission continues to mobilize and allocate resources to confront HIV/AIDS. In the four-year period 2003-2006, the European Commission has allocated, through various financial instruments, an overall amount of €1.117 billion, or an annual average of €280 million. That represents almost a fourfold increase over the annual average in the previous period, 1994-2002.

The European Commission works in the area of HIV/AIDS through a wide array of instruments at both the global and country levels through the provision of direct budget support to partner countries. A significant part of the funding is channelled through the Global Fund to Fight AIDS, Tuberculosis and Malaria, in which the European Commission currently holds the position of Board Vice-Chair. The European Commission, together with the States members of the European Union, provides 65 per cent of the total funding of the Global Fund. The Commission alone has provided a total of €522 million to cover the period 2002-2006, which amounts to approximately 11 per cent of the total contributions.

We are particularly concerned about the fact that the epidemic is increasingly affecting young women

and girls and that that directly contributes to a major secondary impact of HIV/AIDS: the orphaning of children. We therefore believe that women and children should be the focus of renewed international efforts to respond to HIV/AIDS and that it is necessary to concentrate on their needs when designing education and awareness-raising campaigns, implementing prevention programmes and providing care and treatment. The special focus on women's and children's rights is reflected in the new European Development Policy and in the European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action. Those are policy documents that outline European commitments in the field of HIV/AIDS.

The European Commission works in close collaboration with a great number of stakeholders such as non-governmental organizations, private foundations and other civil society organizations, including associations of people living with HIV. We fully support their activities, which are crucial for HIV/AIDS policy development, policy advocacy and policy implementation, as well as for the provision of social services to those affected by the disease. A close partnership between the public sector and civil society is a condition necessary for the expansion of national responses to HIV/AIDS.

As recently stated by the President of the European Commission, we must go further by focusing on three crucial areas. The first area is to increase the affordability of new drugs, particularly through fair and tiered pricing of medicines, including the newest ones. The European Commission has wide and long experience in dealing with pharmaceutical companies in this field. The second area is research on preventive technologies. In that regard, the Commission is ready to support industry-led research on AIDS vaccines and microbicides, with a particular focus on microbicides, an area in which the Commission has recently been very active. The third area is greater awareness, to end complacency and halt the epidemic.

I wish to conclude by reiterating our strong support for the draft political declaration, particularly the commitments related to the full implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and to the scaling up of national responses with the aim of achieving the goal of universal access to prevention, care, treatment and support by 2010.

The President: In accordance with General Assembly resolution 47/4 of 16 July 1992, I now call on Mr. Luca dall'Oglio, chairman of the observer delegation of the International Organization for Migration.

Mr. Dall'Oglio (International Organization for Migration): At this year's follow-up to the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), it is imperative that migration enter the debate. AIDS and migration are eminently cross-national issues. Every country in the world is touched by migration today as a country of origin, transit, destination or return, and most countries are all of them at the same time.

Five years ago, 189 countries committed themselves to developing and beginning to implement, by 2005, national, regional and international strategies for HIV prevention for migrants and mobile workers. However, the draft country reports prepared for this High-level Meeting show a mixed picture. Many of the country reports recognize the vulnerability of cross-border migrants, mobile populations, victims of trafficking in human beings, refugees and displaced populations, but less than half describe programmes. Very few transit or destination countries take into account the issue of return migration, although reports from some countries of origin illustrate its importance. In at least three countries, a significant proportion of those living with HIV are nationals who were infected while working abroad.

Overall, the country reports touch upon a number of critical issues, such as the epidemiology and demographics of HIV as they are related to population mobility, irregular migration and stigma. The AIDS prevention programming as described in the country reports varies for the different groups: labour migrants, ethnic minorities, forced migrants, tourist industry workers and people who move from one place to another for professional reasons.

Particular difficulties are described in providing access to treatment, care and support for migrants and mobile populations, especially when those diagnosed with HIV or AIDS are in transit or have an irregular status. Other barriers, even for migrants with regular status, are linguistic and cultural, as well as legal.

This review and High-level Meeting of the General Assembly invites us to assess what needs to be done. Improved data-gathering and knowledge-sharing is essential, along with more systematic programme

evaluation, although these must be carried out in such a way as to avoid further stigmatizing already stigmatized groups.

In particular, partnerships between Governments and organizations at the community, national and regional levels must be strengthened so as to improve access to prevention, treatment and care for all mobile populations, regardless of immigration or residence status. Such programmes must be funded, and IOM joins civil society in stressing the importance of the Global Fund for AIDS, Tuberculosis and Malaria in reaching universal access by 2010 and in supporting the call for all technically sound round-6 proposals to be fully funded in 2006. The IOM also calls for increased attention to population mobility by country coordinating mechanisms.

As pointed out in the Secretary-General's report (A/60/736), effective prevention means that the global community must address the factors that increase vulnerability to HIV, such as poverty, illiteracy, economic and gender inequality and all forms of discrimination and social exclusion. In the case of population mobility, that means better integration of migrants and reinforced linkages among communities of origin, transit, destination and return.

The President: On a personal note, I find it regrettable that, because of the organization of our work, we are listening to our friends in the observer community and in civil society so late in the day. But I can assure those who are speaking at the end of this meeting that their contributions will be recorded and duly noted. Indeed, we are enormously grateful not only for all the work that they have already done before coming here today, but also for the work that they have ahead of them, which I know they take very seriously.

Let us now listen very carefully to our two last speakers — as carefully, of course, as we have listened to others.

In accordance with the decision taken by the General Assembly at its 83rd plenary meeting, I now call on a representative of the private sector, Mr. William Harvey Roedy, President of MTV Networks International and Chairman of the Global Media AIDS Initiative.

Mr. Roedy (MTV Networks International/Global Media AIDS Initiative): During this High-level Meeting, 43,000 more people around the world have been infected. More than half of those new infections will be among young people aged 15 to 24, and more than half will be among women. But if they had been chickens with bird flu, it would dominate the media. I do not say this to minimize the importance of stopping avian flu. However, because HIV/AIDS is still considered to be a disease of the marginalized, it is treated differently. That must stop.

The media have a powerful role to play in educating the world. I believe that HIV/AIDS programming needs to become part of the DNA of every media company in the world, each and every day. Earlier today, a report of the Global Media AIDS Initiative was presented to Secretary-General Kofi Annan. The Initiative involves 140 media companies around the world; we are adding more every week, creating HIV/AIDS programming that challenges stigma and committing specific airtime and inventory each and every day. We are committed also to showing success to showing positive stories as well.

The breadth of collaboration is inspiring. In Asia, in Africa, in Russia — across all the continents — media have come together to commit literally hundreds of millions of dollars' worth of airtime. Indeed, the media can be a force for change in the world; they can save lives.

But, with 40 million people infected, our response has not kept pace with the disease. Our dread of HIV/AIDS is so strong that we are challenged by the fear of being informed, by the stigma surrounding the disease and by widespread resistance to testing. That resistance is why the vast majority of infected people do not even know that they are carrying the virus. Stigma prevents people from getting tested and therefore from getting treated.

We need to encourage HIV testing. There are two ways to do that: the mandatory approach and the voluntary approach. Let us be clear: mandatory testing is not an option. I believe that everyone should be tested. But testing must be voluntary, accessible and confidential, supported with counselling and accompanied by access to treatment wherever possible. Testing must also be anchored in an approach that respects human rights, dignity and privacy, especially for young girls and women. The whole fabric of testing needs to become normal and accepted by everyone, from health care workers to religious leaders, village

elders, the business sector and everyone in between. And there is no time for myth, no time for fear and no time for prejudice.

The great anthropologist Margaret Mead once said, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has". Indeed, we the citizens of the world, sitting in this room today, have that power. We must all act — and act now — to defeat this disease.

The President: We often speak about bringing realities into our meeting halls, so it is fitting that our last speaker is a symbol and a personification of those grim realities. It is thus a great honour for me to call on a representative of civil society, the Reverend Canon Gideon Byamugisha, of the African Network of Religious Leaders Living With or Personally Affected by HIV/AIDS.

Mr. Byamugisha (African Network of Religious Leaders Living with or Personally Affected by HIV/AIDS): I am an apostle of faith and a religious leader, and yet a person publicly living with HIV. I must confess that, quite often, I grow weary and frightened when I imagine how future generations will look back to this twenty-fifth anniversary of the suffering and death caused by AIDS.

Of course, our grandchildren, if they ever survive AIDS, will see that there were aspects of the response on which we made real progress in those 25 years. First, we learned what stakes prevent transmission of the virus; secondly, we learned what works to help people who are positive to live longer, healthier and productive lives. We also learned how to help children who are orphaned, and we learned what responses are most effective in providing care and support to affected individuals, communities and countries.

But the greatest and most obvious gaps that survivors will wonder about, and be angry about, are the missed opportunities, the lack of political will and the lack of total commitment on the part of those of us in leadership positions to use all that we knew and all that we had to fight the pandemic. They will surely ask: what went wrong? What prevented us from transforming the knowledge and the resources we had into focused will and targeted action? They will also ask: who were the world leaders at that time?

But we still have the opportunity to escape the harsh pain of history. And to do that, we need the political will and total commitment of our political leaders. It is their job to provide us with the critically needed leadership in this time of AIDS, in their national capitals and in their local communities.

At this 2006 High-level Meeting, we have come to a crossroads, and we have an important choice to make: do we want to continue making token contributions, speaking weak words and avoiding specific targets, or do we want to make lifesaving commitments and the sacrifices necessary to halt, reverse and eventually overcome the epidemic?

Assembly members came to this meeting with positions to defend or positions to negotiate, but they will leave with a choice to make: either continue with tokenism or transform the AIDS landscape with total commitment. Tokenism means moving on without clear targets, pledging a little money for cosmetic purposes, signing documents and issuing press releases. On the other hand, total commitment means fully implementing the policies, programmes and partnerships that we know work. Total commitment is also demonstrated by fully mobilizing the participation of people living with HIV/AIDS, embracing firm targets and meeting them by 2010, promoting and protecting the rights of women and children and empowering them, implementing comprehensive, evidence-based, informed and rights-based prevention strategies, ending stigma and discrimination, identifying and responding to the needs of all vulnerable groups, and ensuring that no task-focused, results-oriented, evidence-led and well-costed national strategy goes unfunded or underfunded. This is an important choice to make, and a heavy responsibility, too: tokenism or total commitment against AIDS.

But you in this Assembly, as our political leaders, are not alone in this kind of choice and in this responsibility. We — the positive people and the people of faith and all civil society — are here to work with you. We are responsible and effective partners if we are given the space and the support we need to make our contribution.

In my world of faith, there are two virtues we hold dear. The first one is keeping promises. The second one is multiplying hope. Indeed, our hope for a world without AIDS will be real, but only if the Assembly's political will is made equally real and firm, and if the Assembly's commitment is total and if its promises are kept. We all have much work to do and

we have promises to keep. When we return in five years to assess how well we have done, we will not be lamenting our failures, but rather celebrating the achievement of what has been accomplished.

Let us keep the promise. Let us stop AIDS.

The President: I hope, Reverend, you understand by the length of the applause the amount of compassion that is waiting to be released by your words. They will ring with us. Again, you brought the realities to us. You mentioned asking for the review in five years. We should tell you that we must review before five years; we should review all the time. We should search our consciences. We should ask ourselves "Are we implementing? Are we doing what we said in New York on 2 June 2006?" I thank you very, very much for this very special statement. We are privileged to be in this room with you.

I would now like to remind the Assembly that the High-level Meeting will reconvene in the General Assembly Hall immediately following the suspension of this meeting. We will then, hopefully, have the solemn occasion of adopting the Declaration to which members have all so well contributed.

I thank members for their participation today. It has been a very special day today here in this room, but the whole meeting has been very special. I think we should keep this in our spirit, keep this spirit, and let this spirit last. We will come back and have some final, concluding words in connection with the adoption of the Declaration.

Again, I thank you all very much. You may move with normal speed to the General Assembly Hall. I think we are in pretty good harmony with the other meeting across the hall. Thank you very, very much.

Segment A rose at 8 p.m. and segment B rose at 7.35 p.m. The 87th meeting resumed in the General Assembly Hall at 8.20 p.m., with Mr. Eliasson presiding.

The President: The General Assembly has before it draft resolution A/60/L.57, which contains the draft political declaration on HIV/AIDS.

Before proceeding further, I should like to consult the Assembly with a view to proceeding to consider draft resolution A/60/L.57, entitled "Political Declaration on HIV/AIDS". Since the draft resolution has only just been circulated, it will be necessary to waive the relevant provision of rule 78 of the rules of procedure, which reads as follows:

> "As a general rule, no proposal shall be discussed or put to the vote at any meeting of the General Assembly unless copies of it have been circulated to all delegations not later than the day preceding the meeting."

Unless I hear any objection, I shall take it that the Assembly agrees to that proposal.

It was so decided.

The President: Before proceeding further, I would like to inform members that there is a slight technical correction to be made to paragraph 43 of the annex. In the penultimate line of the paragraph, the word "decision" should be capitalized. That correction will be duly reflected in the final version of the resolution. I am happy to say that we have all language versions ready. I commend the translators for working so hard and so fast in that regard.

The Assembly will now take a decision on draft resolution A/60/L.57, entitled "Political Declaration on HIV/AIDS", as orally corrected.

May I take it that the Assembly wishes to adopt draft resolution A/60/L.57, as orally corrected?

Draft resolution A/60/L.57, as orally corrected, was adopted (resolution 60/262).

The President: I shall now call on the representative of the United States of America, who wishes to speak in explanation of position on the draft resolution just adopted.

May I remind delegations that explanations of position are limited to 10 minutes and should be made by delegations from their seats.

Mr. Lawrence (United States of America): The United States understands that the reference to the International Conference on Population and Development and the phrase "reproductive health" do not create any rights and cannot be interpreted to constitute support for or endorsement or promotion of abortion.

Furthermore, the United States understands all references in the Declaration to "responsible sexual behaviour" to denote abstinence and fidelity.

The President: We have heard the only speaker in explanation of position.

With the adoption of the Political Declaration, our three days of meetings draw to a close.

I would like, on behalf of the whole Assembly, to thank Ambassador Hackett of Barbados and Ambassador Laohaphan of Thailand, and their diligent staff, for their truly extraordinary work this year on HIV/AIDS. First, they chaired the negotiations which paved the way for the innovative format of these three days of meetings. Then they set about the work on the Declaration with vigour. The negotiations were not easy but, as expected, the Ambassadors rose to the challenge. The world should be grateful to them.

I would also like to thank all of you who were involved in the negotiations for your willingness to work together to reach strong agreements. Particular thanks go to the staff of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and, among my own staff, to Steven Sabey. Of course, our deep thanks go to the Secretary-General for his unfailing commitment to the cause of fighting HIV/AIDS, and to all of his staff.

While we have been meeting, over 20,000 people have died as a result of AIDS and over 30,000 people have been newly infected with HIV. We have been reminded by many speakers today that AIDS is not only killing people, but that it is also killing development, particularly in the worst affected area: sub-Saharan Africa. Without a greatly stepped-up response to AIDS, the Millennium Development Goals will be unattainable in that region.

The size and impact of the pandemic has been brought to the world's attention over the past three days in an unprecedented way. We have heard from the global AIDS community and from people living with HIV as never before. No country, no leader, can say that in 2006 they did not know about the human reality of HIV/AIDS, about the size of the threat or about what needs to be done. We have heard from some leaders today of welcome new pledges and new commitments. I thank them warmly and urge others to follow suit.

I talked at the opening of the meetings about the unprecedented level of civil society involvement. What I did not expect was the unprecedented level of constructive and substantive interaction between Member States and civil society. As Peter Piot said this morning, we come from different backgrounds and have different tactics, but we simply need each other. The problem is so huge that no one can deal with it alone. We have to work together. The task confronting us is so great that we need passion, we need advocacy and we need mobilization of efforts. The impact of this interaction has been evident in the negotiations on the Political Declaration, which we have just adopted.

All my experience in negotiations teaches me that the last days of negotiation almost inevitably see the weakening of texts as compromises are made and deals struck. I know that none of you got all that you wanted in the Declaration; that is the nature of negotiations. But I know that, thanks in part to the influence brought to bear by civil society, the draft got stronger — not weaker — in the final days and hours.

It is worth recalling that the Declaration we have just adopted includes many of the vital points that much of the global AIDS community was asking for just a few days ago. The Declaration fully reaffirms the 2001 Declaration of Commitment. It describes successes since 2001, but acknowledges that we have failed to meet many of our targets. It includes several references to vulnerable groups. It explicitly mentions many approaches to prevention, including male and female condoms, and harm-reduction efforts related to drug use. It contains strong language regarding young people and women and girls, who are so vulnerable. It resolves to assist developing countries so that they can employ the flexibilities outlined in the Agreement on Trade-Related Aspects of Intellectual Property Rights, including the production of generic antiretroviral drugs. It unambiguously extends, for the first time, the definition of universal access to include comprehensive prevention programmes, treatment, care and support. It clearly recognizes the UNAIDS estimate that $20 billion to $23 billion is needed per annum by 2010. It pledges that all credible national AIDS plans will be funded. And it commits all countries to set, this year — in 2006 — ambitious national targets for 2010, with interim targets for 2008.

Is all of that enough? When we are dealing with a human disaster as great as HIV/AIDS, those who say that more is needed can never be wrong. But I believe that we can be proud of what we have achieved. We have recommitted ourselves, we have raised the bar, we have made new, important and specific commitments, and we have put this issue once again at the top of the global agenda.

But, as one speaker said this afternoon, adopting the Declaration today was the easy part. The true test of the Declaration's worth will be the extent to which all of you go back to your countries and implement it with a sense of urgency and purpose.

There are two reasons for us to leave here with confidence and momentum tonight. One is the Declaration, which, as I said this morning, I believe is strong, substantial and forward-looking. The other is that a new conversation — and this, I believe, is interesting — a new relationship, a new dynamic, has emerged here over the past three days among so many of you in Government, civil society and elsewhere. If that dynamic of civil society and Government working hand in hand can also be translated back to our nations, then I believe we will have done something new in these halls over these three days.

My call to you now is this: take this Declaration — and the new spirit and understanding of these three days — back to your countries and implement it. I would hope that we can all use this new energy to translate the Declaration into action, to make a difference between life and death for many and to make possible a life in dignity for all those affected by HIV/AIDS.

The General Assembly has thus concluded its High-level Meeting on HIV/AIDS.

May I take it that it is the wish of the General Assembly to conclude its consideration of item 45?

It was so decided.

The meeting rose at 8.35 p.m.